| NOTICE OF FORM CHANGE NO. 09-025 | DATE |
|---|--|
| NOTICE OF FORM CHANGE NO. 03-023 | 7/14/2009 |
| | |
| County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other | FROM: Forms Management Unit (916) 657-1907 |
| Listed below is information regarding a form change. Only applic | cable information is shown. |
| This notice updates your California Department of Social Service | ces (CDSS) County Forms Catalog (PUB 69). |
| FORM NUMBER, REVISION DATE AND TITLE LIC 9029B (7/09) Statement of I | Facts Preparation Checklist |
| ORDER UNIT | |
| MASTER ONLY Sold | ☐ Yes ☐ No |
| □ New □ Revised □ Replaces 4/04 | ☐ Obsolete |
| REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With | Prior DSS Approval Recommended Form |
| Department of Social Services Warehouse P.O. Box 980788 | THER: FERNET: FRANET: |
| FORMS DISPOSITION AND | SPECIAL INSTRUCTIONS |
| DISPOSITION OF OLD SUPPLY Use until exhausted D | estroy |
| USE NEW FORM ☐ When supply available in DSS Warehouse ☐ U | se new form effective 7/09 |
| USE FORM IN ACCORDANCE WITH | |
| ☐ All County Letter No.☐ Other (specify) | |
| ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LICS | 9029B.pdf |

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at

fmudss@dss.ca.gov.