NOTICE OF FORM CHANGE NO. 09-034					DATE
NOTICE OF FUNIX CHANGE NO. 05-034					10/14/2009
					10/14/2009
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657-		nt Unit
Listed below is information re	garding a form change. Or	nly applica	ble information is show	vn.	
This notice updates your Cal	lifornia Department of Soci	al Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 508A (10/09) Crimir	nal Record	Statement - Adoption	Facilitato	or
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 10/09	REPLACES 8/07			Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pr	ior DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	DNS	
SPOSITION OF OLD SUPPLY Use until exhausted		Des	stroy		
use NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 10/1		10/14/2	2009
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
additional information regarding for http://www.dss.cahwnet.gov/		lish/LIC50	8A.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.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.