NOTICE OF FORM CHANGE NO. 09-035					DATE
					10/14/2009
					10/14/2009
TO: 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 re	garding a form change. Or	nly applicable	information is show	vn.	
This notice updates your Cal	lifornia Department of Soci	ial Services (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 508B (10/09) Crimin Long-Term Care Ombud				
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY Free Sold		REPLACES		☐ Yes ☐ No	
☐ New ☐ Revised	10/09	8/07		☐ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior	DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STORE Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	☐ OTHER: ☐ INTERNET: ☐ INTRANET:				
	FORMS DISPOSITION	ON AND SPE	CIAL INSTRUCTION	ONS	
Use until exhausted		Destro	☐ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective 10/14/0		09	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		ılish/LIC508B	.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.