NOTICE OF FORM CHANGE NO. 09-036					DATE
					10/15/2009
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 regard	rding a form change. On	ly applica	ble information is sho	wn.	
This notice updates your Califor	nia Department of Socia	al Service	s (CDSS) County Form	ms Catalo	g (PUB 69).
	LIC 508D (10/09) Out-Of-State Disclosure	& Crimina	I Record Statement		
ORDER UNIT MASTER ONLY					INITIAL SUPPLY SENT Yes No
	E OF FORM 0/09	REPLACES 12/07		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	d With Pr	ior DSS Approval	Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	OTHER: NTERNET: NTRANET:		
DISPOSITION OF OLD SUPPLY	FORMS DISPOSITIO	N AND S	PECIAL INSTRUCTION	ONS	
Use until exhausted		Destroy			
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 10/15/		10/15/2	009
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM C http://www.dss.cahwnet.gov/cds		ish/LIC50	8D.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.