NOTICE OF FORM CHANGE NO. 09-037					DATE 10/15/2009
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. C	Only applicat	ole information is show	wn.	
This notice updates your Cal	lifornia Department of Soc	cial Services	s (CDSS) County Forn	ns Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 995E (10/09) Caregiver Background	Check Proc	ess		
		ESTIMATED P	ESTIMATED PRICE		
MASTER ONLY	Free Sold				🗌 Yes 🛛 No
New Revised	DATE OF FORM <b>10/09</b>	REPLACES 6/05	REPLACES 6/05		Obsolete
REQUIRED FORM-	REQUIRED FORM-	I			
🖂 No Change Permitted	Substitute Permit	tted With Pri	or 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			ER:		
	FORMS DISPOSIT	ION AND SI	PECIAL INSTRUCTIO	ONS	
DISPOSITION OF OLD SUPPLY		Des	troy		
USE NEW FORM		🖂 Use	$\boxtimes$ Use new form effective 10/15/		009
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC995E.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.