NOTICE OF FORM CHANGE NO. 09-038					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. Or	nly applicabl	le information is show	vn.	
This notice updates your Cal	ifornia Department of Soci	al Services	(CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 995F (10/09) Caregiver Background C	Check Inform	nation		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ⊠ Revised	DATE OF FORM 10/09	REPLACES 4/03			☐ Obsolete
REQUIRED FORM- REQUIR					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		OTHE	☐ OTHER: ☐ INTERNET:		
West Sacramento, CA 9579	☐ INTRA	☐ INTRANET:			
	FORMS DISPOSITION	ON AND SP	ECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy			
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 10/15		10/15/2	2009
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		lish/LIC995	F.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.