NOTICE OF FORM CHANGE NO. 12-004			DATE	
			1/19/2012	
To: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Office		agement Unit	
Listed below is information re	garding a form change.	Only applicable information is show	n.	
This notice updates your Cal	ifornia Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 9223 (1/12) Child	I Care Advocate Program		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No	
☐ New ☐ Revised	DATE OF FORM 1/12	REPLACES 3/07	☐ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Pern	nitted With Prior DSS Approval	☐ Recommended 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 DISPOSI	TION AND SPECIAL INSTRUCTION	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	1/2012	
USE FORM IN ACCORDANCE WITH All County Letter No.				

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

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