NOTICE OF FORM CHANGE NO. 12-056					DATE
					6/11/2012
County Welfare Dire Supply Clerk / Form Community Care Li District Attorney Private and Public A	ns Coordinator censing District Offices	;	FROM: Forms Mar	nageme	nt Unit
Listed below is information reg	garding a form change. C	nly applic	│ able information is show	/n.	
This notice updates your Cali					og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 625 (6/12) Appraisa	al/Needs A	and Services Plan		
ORDER UNIT  MASTER ONLY  Date of Form		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT  Yes No
	6/12	8/99			☐ Obsolete
REQUIRED FORM-  REQUIRED FORM-					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788  West Sacramento, CA 95798-0788		□ OTH	□ OTHER: □ INTRANET:		
	FORMS DISPOSITI	ON AND	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY  Use until exhausted			estroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		⊠U	☐ Use new form effective imme		diately
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE				
http://www.cdss.ca.gov/cdssw	•				
NOTE: No revisions made to fields. The form was formerly				onsisted	only of expanding the fillable
Camera-ready copies are current http://www.dss.cahwnet.gov/c	dssweb/FormsandPu_27	71.htm.		ss.ca.gov	<b>v</b> .
Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss ca gov					