NOTICE OF FORM CHANGE NO. 07-010				DATE 02/07/2007	
To: County Welfare Director Supply Clerk / Forms Coordinator		FROM: Forms Management Unit (916) 657-1907		<u> </u>	
☐ Community Care Licensing District Offices ☐ Private and Public Adoption Agencies		District Attorney Other			
Listed below is information regarding a form change	e. Only applica	ble information is show	'n.		
This notice updates your Department of Social Serv	vices County Fo	orms Catalog.			
FORM NUMBER AND TITLE LIC 279A (1/07) - License App	lication Instruct	ions For Family Child (	Care Hom	nes	
ORDER UNIT MASTER ONLY    Solo	_	ESTIMATED PRICE		INITIAL SUPPLY SENT	
□ New □ Revised DATE OF FORM 1/07	REPLACES 11/05			Obsolete	
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitted		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		Other:			
FORMS DISPOS	SITION AND S	PECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY  Use until exhausted	⊠ Des	□ Destroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse	⊠Use	☐ Use new form effective 1/07			
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No. ☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE  http://www.dss.cahwnet.gov/pdf/LIC279A.pdf					

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.