NOTICE OF FORM CHANGE NO. 07-011				DATE	
				02/07/2007	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907		
Community Care Licensing District Offices			] District Attorney ] Other		
Listed below is information re	garding a form change. On	ly applica	ble information is shown.		
This notice updates your Dep	artment of Social Services	County Fo	orms Catalog.		
FORM NUMBER AND TITLE LIC 281A	(1/07) - License Applicatio	n And Ins	tructions For Child Care C	enters	
MASTER ONLY		ESTIMATED PRICE		INITIAL SUPPLY SENT	
New Revised	DATE OF FORM	REPLACES 9/04		Obsolete	
REQUIRED FORM-	REQUIRED FORM-	ed With Pr	ior 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:		
	FORMS DISPOSITIC	N AND S	PECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY			stroy		
USE NEW FORM			Use new form effective		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FO http://www.dss.cahwnet.gov/					

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.