NOTICE OF FORM CHANGE NO. 07-024					DATE	
			1		03/27/2007	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907			
Community Care Licensing District Offices			District Attorney			
Listed below is information re	egarding a form change. O	nly applica	ble information is show	vn.		
This notice updates your Dep	partment of Social Services	s County F	orms Catalog.			
FORM NUMBER AND TITLE LIC 9223 Child Cal	(3/07) re Advocate Program					
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 3/07	replaces 12/06		Obsolete		
REQUIRED FORM-	REQUIRED FORM-	ted With Pr	rior DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Other:			
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTIO	ONS		
DISPOSITION OF OLD SUPPLY		🖂 De	stroy			
USE NEW FORM		\boxtimes Use new form effective $3/07$				
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
additional information regarding fo						

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

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.