NOTICE OF FORM CHANGE NO. 07-072					DATE	
					9/19/2007	
					9/19/2007	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657-	•	nt Unit	
Listed below is information re	garding a form change. On	ly applica	ble information is show	vn.		
This notice updates your Calif	ornia Department of Social	l Services	(CDSS) County Form	s Catalog	(PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 701 (9/07) - Physicia	ın's Repor	t - Child Care Centers			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  Yes No	
☐ New ⊠ Revised	DATE OF FORM 9/07	REPLACES 8/01			Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788		ОТН	ER:			
		⊠ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITIO	N AND S	PECIAL INSTRUCTION	ONS		
Use until exhausted		☐ Des	stroy			
□ When supply available in DSS Warehouse			e new form effective	9/07		
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.dss.cahwnet.gov/o	cdssweb/On-lineFor_293.ht	tm#l				

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

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