NOTICE OF FORM CHANGE NO. 10-013		DATE
		4/05/2010
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of Se	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 283 (4/10) Foster Family Home A		
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT Yes No
New ☐ Revised DATE OF FORM 4/10	REPLACES 1/03	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted	mitted With Prior 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: ☑ INTERNET: ☐ INTRANET:	
FORMS DISPOSI	TION AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted	Destroy	
USE NEW FORM When supply available in DSS Warehouse	□ Use new form effective	4/05/2010
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.cdss.ca.gov/cdssweb/entres/forms/Fnglis	h/I IC202 ndf	

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

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