NOTICE OF FORM CHANGE NO. 10-014			DATE
			4/05/2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Man	agement Unit
Listed below is information re	egarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9225 (4/10)		
	Pre-Placement Question	nnaire	
ORDER UNIT		ESTIMATED PRICE	
MASTER ONLY	Free Sold		
⊠ New □ Revised	date of form 4/10	REPLACES	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		☐ Use new form effective	4/05/2010
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/l	_IC9225.pdf	

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.