NOTICE OF FORM CHANGE NO. 11-014			DATE
			2/17/2011
District Attorney		FROM: Forms Mar	nagement Unit
Listed below is information re	garding a form change. Or	nly applicable information is show	/n.
This notice updates your Cal	lifornia Department of Soci	al Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 184B (12/10) Notific	cation Of Incomplete Application	(Family Child Care Home)
ORDER UNIT MASTER ONLY	🖾 Free 🛛 Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
New Revised	DATE OF FORM 12/10	REPLACES	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ed With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		Use new form effective	2/11
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR			
http://www.cdss.ca.gov/cdssv	web/entres/torms/English/L	LIC184B.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.