NOTICE OF FORM CHANGE NO. 11-040			DATE
			4/14/2011
Community Care District Attorney	orms Coordinator e Licensing District Office		nagement Unit
Listed below is information	regarding a form change.	Only applicable information is show	/n.
This notice updates your	California Department of Sc	ocial Services (CDSS) County Form	as Catalog (PLIB 69)
	-		
FORM NUMBER, REVISION DATE AND TI	<sup>TLE</sup> LIC 508B (3/11) Crimi	nal Record Statement - Long-Term	Care Ombudsman Program
ORDER UNIT		ESTIMATED PRICE	
MASTER ONLY	Free Sold		🗌 🗌 Yes 🛛 No
□ New ⊠ Revised	DATE OF FORM	replaces 10/09	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permittee		nitted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED		OTHER:	
Department of Social Se P.O. Box 980788	rvices Warehouse	INTERNET:	
West Sacramento, CA 95798-0788			
	FORMS DISPOSI	TION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM			
☐ When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	3/11
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING	FORM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC508B.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.