NOTICE OF FORM CHANGE NO. 11-089				DATE
				9/14/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Management Unit		ent Unit
Listed below is information re	garding a form change. O	nly applicable informat	tion is shown.	
This notice updates your Ca	ifornia Department of Soc	ial Services (CDSS) C	ounty Forms Catal	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 421A (7/11) Civil Pe	enalty Assessment (Un	licensed Facility)	
ORDER UNIT MASTER ONLY	MASTER ONLY ⊠ Free □ Sold			INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 7/11	REPLACES 3/05		☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With Prior DSS Ap	proval 🗌 R	ecommended Form
UNLESS OTHERWISE SPECIFIED STORED Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
	FORMS DISPOSITI	ON AND SPECIAL IN	STRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy		
USE NEW FORM When supply available in	DSS Warehouse	□ Use new form effective 7/11		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/	LIC421A.PDF		
Camera-ready copies are cu	rrently available on the CE	SS Internet. Go to		

GEN 127 (3/02)

 $http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.\\$

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