

NOTICE OF FORM CHANGE NO. 03-172

DATE

10/28/2003

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **GEN 387C (10/03) Request For Regulations: Title 22, Division 6 and 12, Community Care Licensing (For State and County Licensing Office Use Only)**

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/03	REPLACES 5/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

REQUEST FOR REGULATIONS TITLE 22, DIVISION 6 AND 12 COMMUNITY CARE LICENSING (For State and County Licensing Office Use Only)

DATE _____

A maximum of 100 copies of each requested regulation will be sent.

Title 22, Division 6		(✓) Check desired regulation(s)	QUANTITY (Maximum of 100 each)
General Licensing Requirements	(Chapter 1)	<input type="checkbox"/>	_____
Social Rehabilitation Facilities	(Chapter 2)	<input type="checkbox"/>	_____
Adult Day Care Facilities	(Chapter 3)	<input type="checkbox"/>	_____
Adult Day Support Center	(Chapter 3.5)	<input type="checkbox"/>	_____
Small Family Homes	(Chapter 4)	<input type="checkbox"/>	_____
Group Homes	(Chapter 5)	<input type="checkbox"/>	_____
Adult Residential Facilities	(Chapter 6)	<input type="checkbox"/>	_____
Residential Care Facilities for the Elderly	(Chapter 8)	<input type="checkbox"/>	_____
Residential Care Facilities for the Chronically Ill	(Chapter 8.5)	<input type="checkbox"/>	_____
Foster Family Agencies	(Chapter 8.8)	<input type="checkbox"/>	_____
Adoption Agencies	(Chapter 9)	<input type="checkbox"/>	_____
Foster Family Homes	(Chapter 9.5)	<input type="checkbox"/> English	_____
		<input type="checkbox"/> Spanish	_____
Title 22, Division 12			
Child Care Centers	(Chapter 1)	<input type="checkbox"/>	_____
Family Child Care Homes	(Chapter 3)	<input type="checkbox"/> English	_____
		<input type="checkbox"/> Spanish	_____

These regulations may also be accessed on the Internet at <http://www.cclid.ca.gov>

If you would like to receive e-mail notification of changes to the regulations, please call the Office of Regulations Development at (916) 657-2586 or e-mail us at ord@dss.ca.gov.

Send this request to:

CDSS Warehouse
Publications Unit
P.O. Box 980788
West Sacramento, CA 95798-0788

SHIP TO			
REQUESTOR'S NAME			
AGENCY NAME			
ADDRESS	(NUMBER)	(STREET)	
	(CITY)	(STATE)	(ZIP CODE)
TELEPHONE NUMBER			
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