

NOTICE OF FORM CHANGE NO. 04-059

DATE

02/26/2004

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 LIC 422 (10/03) - Notice Of Civil Penalties Due

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 3/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input 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 10/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

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.

NOTICE OF CIVIL PENALTIES DUE

Initial Invoice Final Notice

INVOICE NO. _____

DISTRICT OR COUNTY OFFICE NUMBER _____

FACILITY NAME		
FACILITY ADDRESS		
CITY	STATE	ZIP CODE

FISCAL YEAR	DATE LIC 422 SENT
FACILITY TYPE	PENALTY PCA CODE

LICENSEE(S) OR UNLICENSED FACILITY OPERATOR		
ADDRESS		
CITY	STATE	ZIP CODE

FACILITY NUMBER

SUPERVISOR APPROVAL	DATE
TITLE	

The California Health and Safety Code, Sections 1548, 1568.0822, 1569.49, 1596.99, and 1597.62 provides for the imposition of civil penalties against any facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1547, 1568.0821, 1569.485, 1596.89, 1596.891 and 1597.61 provides for the imposition of civil penalties against any *unlicensed* facility which fails to take corrective action within prescribed time periods.

The California Health and Safety Code, Sections 1522, 1568.09, 1569.17, 1596.871, and 1596.8712 provides for the imposition of immediate civil penalties against any facility which fails to comply with fingerprinting or other criminal background requirements.

Your facility has been found in violation of Community Care Licensing statutes and regulations.

A failure to correct the immediate Civil Penalty or deficiency(ies) cited on the Licensing Report (LIC 809 or LIC 9099) dated has resulted in the following civil penalty assessment of:

Penalty Amount Due _____

Less Payment(s) Received _____

BALANCE DUE. _____

Send the enclosed copy of this notice and your payment to the address shown below within **10 days**. **MAKE CHECKS PAYABLE TO THE CALIFORNIA DEPARTMENT OF SOCIAL SERVICES**. Please write your invoice and facility number(s) on your check.

FAILURE TO PAY CIVIL PENALTY MAY RESULT IN ANY OR ALL OF THE FOLLOWING:

- **SMALL CLAIMS COURT ACTION**
- **LICENSE DENIAL, SUSPENSION, OR REVOCATION**
- **SEIZURE OF PERSONAL INCOME TAX REFUNDS**