

NOTICE OF FORM CHANGE NO. 04-235

DATE

08/18/2004

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 601 - Identification and Emergency Information

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 type="checkbox"/> Revised	DATE OF FORM 9/00	REPLACES	<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 8/24/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is now a master only - on the internet only.

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.

IDENTIFICATION AND EMERGENCY INFORMATION

This information is required under the H & S Code and the regulations of the Department to be maintained on every person admitted to a community care facility, to be readily available to the person in charge, but not accessible to unauthorized persons. All information must be kept current. See other side for additional information required for residential facilities for children.

A. ALL FACILITIES [EXCEPT CHILD CARE CENTER/FAMILY CHILD CARE HOME COMPLETES LIC 700]

1. NAME OF CLIENT OR CHILD		SOCIAL SECURITY NUMBER (OPTIONAL)	DATE OF BIRTH	AGE	SEX
2. RESPONSIBLE PERSON OR PLACEMENT AGENCY		ADDRESS		TELEPHONE ()	
3. NAME OF NEAREST RELATIVE (OPTIONAL)	RELATIONSHIP	ADDRESS		TELEPHONE ()	
4. DATE ADMITTED TO FACILITY	ADDRESS PRIOR TO ADMISSION				
5. DATE LEFT	FORWARDING ADDRESS				
6. REASONS FOR LEAVING FACILITY					

7. PERSON(S) RESPONSIBLE FOR FINANCIAL AFFAIRS, PAYMENT FOR CARE, LEGAL GUARDIAN, IF ANY

NAME	ADDRESS	TELEPHONE
		()
		()
		()

8. OTHER PERSONS TO BE NOTIFIED IN EMERGENCY

	NAME	ADDRESS	TELEPHONE
a. PHYSICIAN			()
b. MENTAL HEALTH PROVIDER, IF ANY			()
c. DENTIST			()
d. RELATIVE(S)			()
e. FRIEND(S)			()

9. EMERGENCY HOSPITALIZATION PLAN

NAME OF HOSPITAL TO BE TAKEN IN AN EMERGENCY	ADDRESS OF HOSPITAL TO BE TAKEN IN AN EMERGENCY
MEDICAL PLAN	MEDICAL PLAN IDENTIFICATION NUMBER
NAME OF DENTAL PLAN (IF ANY)	DENTAL PLAN NUMBER (IF ANY)

10. OTHER REQUIRED INFORMATION

a. AMBULATORY STATUS		
b. RELIGIOUS PREFERENCE	NAME AND ADDRESS OF CLERGYMAN OR RELIGIOUS ADVISOR, IF ANY	TELEPHONE ()
11. COMMENTS		

SIGNATURE OF RESIDENT	SIGNATURE OF PERSON COMPLETING FORM	TITLE	DATE
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B. RESIDENTIAL FACILITIES FOR CHILDREN
(Additional information is required by regulation for residential facilities for children.)

1. NAME OF CHILD

2. NAME AND ADDRESS OF PERSON TO CONTACT, IF AUTHORIZED REPRESENTATIVE IS NOT AVAILABLE	SPECIFY RELATIONSHIP	TELEPHONE NUMBER ()
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3. NAME AND ADDRESS OF PARENT(S), IF KNOWN	TELEPHONE NUMBER ()
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4. CHILD'S COURT STATUS (ATTACH CUSTODY ORDERS AND AGREEMENTS WITH PARENT(S) OR PERSON(S) HAVING LEGAL CUSTODY. **NOTE:** OPTIONAL FOR SMALL FAMILY AND FOSTER FAMILY HOMES)

5. **PERSON(S) WITH WHOM CHILD HAS BEEN LIVING (IF KNOWN)**

NAME AND RELATIONSHIP	ADDRESS	TELEPHONE
		()
		()
		()

6. **VISITATION RESTRICTIONS (BY COURT ORDER OR AUTHORIZED REPRESENTATIVE)**

PERSON(S) NOT AUTHORIZED TO VISIT CHILD		PERSON(S) NOT AUTHORIZED TO VISIT CHILD	
NAME	RELATIONSHIP	NAME	RELATIONSHIP

7. **FAMILY RESIDENCE VISITATION RESTRICTIONS**

SPECIFY, IF ANY

8. **ALL PERSONS AUTHORIZED TO REMOVE CHILD FROM HOME**

NAME	RELATIONSHIP	SPECIFY CONDITIONS

9. **TELEPHONE ACCESS**

MAKE AND RECEIVE CONFIDENTIAL CALLS <input type="checkbox"/> YES <input type="checkbox"/> NO (BY COURT ORDER)	IF NO, SPECIFY RESTRICTIONS

10. COMMENTS