

**NOTICE OF FORM CHANGE NO. 04-251**

DATE

08/27/2004

**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 402 (8/04) Surety Bond

|  |   |   |  |
|--|---|---|--|
| ORDER UNIT<br><b>MASTER ONLY</b>   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold                  | ESTIMATED PRICE                           | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised   | DATE OF FORM<br>8/04  | REPLACES<br>12/01                         | <input type="checkbox"/> Obsolete  |
| REQUIRED FORM-<br><input checked="" type="checkbox"/> No Change Permitted  | REQUIRED FORM-<br><input type="checkbox"/> Substitute Permitted With Prior DSS Approval | <input type="checkbox"/> Recommended Form |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:<br><b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |   | <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

8-1/2" x 11" one page form.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**SURETY BOND***(Original sent to Regional Office)*

Applicant/Licensee Name: \_\_\_\_\_

Address: \_\_\_\_\_

Bonding Company: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Local Agent Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**The addresses shown above for licensee and bonding company will be used  
for service of notices, papers, and other documents.**

BE IT KNOWN THAT:

Licensee, as Principal, and Bonding Company, as Surety, are held and firmly bound to the State of California, as beneficiary, in the amount of \$ \_\_\_\_\_ ( \_\_\_\_\_ ) for the payment of which the principal and surety bind themselves, their respective heirs, successors and assigns, jointly and severally.

WHEREAS Health and Safety Code sections 1560, 1568.021, and 1569.60 each require certain applicants for licenses to file with the State Department of Social Services a surety bond; and

WHEREAS the licensee has applied to operate an *(check all that apply)*:

- Adult Residential, Adult Day Programs or Social Rehabilitation Facility, and the licensee handles client/resident funds in any amount; or
- Foster Family Home, Foster Family Agency, Group Home, Small Family Home, Residential Care Facility for Persons with Chronic, Life-Threatening Illness, or Residential Care Facility for the Elderly, and the licensee handles funds of \$50 or more per client/resident or \$500 or more for all clients/ residents in any month;

NOW, THEREFORE, the surety is liable on this bond in the event that the principal fails to handle faithfully and honestly the money of facility clients/residents.

The facility covered by this bond is:

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Facility License Number (if facility is currently licensed): \_\_\_\_\_

*(If other facilities are covered by this bond, specify on a separate, attached page the name, address, facility license number, and bond amount for each facility.)*

Every person injured as a result of any unfaithful or dishonest handling of client money may bring an action in a proper court on the bond for the amount of damage suffered thereby to the extent covered by the bond.

The aggregate liability of the Surety for all claims against this bond shall not exceed the amount of the bond, shown above.

This bond may be canceled by the Surety in accordance with Code of Civil Procedure section 996.030, and notice of cancellation must be sent in accordance with Code of Civil Procedure section 996.320. This bond is effective \_\_\_\_\_, and remains in effect as long as the license is valid.

I certify under penalty of perjury under the laws of the State of California that the information provided on this page and on any attachments is true and correct.

BONDING COMPANY SIGNATURE: \_\_\_\_\_

BOND NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_