CDSS
WILL LIGHTBOURNE
DIRECTOR

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
Community Care Licensing Division
101 Golf Course Drive Suite A-230
Rohnert Park, CA 94928

EDMUND G. BROWN JR.
GOVERNOR

FAMILY CHILD CARE HOME ORIENTATION REGISTRATION FORM (ARCATA MEETING ONLY)

Please Print Clearly

Name(s): _____

Mailing Address: _____

City/State/Zip: _____ Phone #: _____

Orientation Date & Time: _____

Note:

1. Please make your check or money order ($25.00 fee per person) payable to Department of Social Services (DSS). **No cash will be accepted**.
2. All fees are **non-refundable**.
3. If your payment is not received at least one week prior to the orientation date your reservation will not be accepted—**NO EXCEPTIONS** (you may reschedule to attend an orientation at a later date).
4. Please sign below to indicate that you understand and agree to the terms of the orientation procedure.
5. Return this form with your check or money order to:

Community Care Licensing
101 Golf Course Drive Suite A-230
Rohnert Park, CA 94928

Signature _____ Date _____

For additional questions, please contact DeAnna Sanders at the Arcata Office @ (707) 826-9961.