NOTICE OF FORM CH	DATE		
			2/16/2016
District Attorney			igement Unit
Listed below is information re	garding a form change. O	nly applicable information is shown	
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9163 (12/15) Reque	est Live Scan Service-Community C	Care Licensing
ORDER UNIT	K Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
New X Revised	DATE OF FORM 12/15	REPLACES 10/15	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	Substitute Permitted W	1	mended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		X INTERNET:	
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	S
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM	n DSS Warehouse 🛛 Use	e new form effective	Immediately
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdss	sweb/entres/forms/Englis	h/LIC9163.PDF	

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.