NOTICE OF FORM CHANGE NO. 16-026					DATE	
					2/16/2016	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: For	ms Managemer	nt Unit	
Listed below is information re	garding a form change. O	only applical	ble information	is shown.		
This notice updates your Cal	ifornia Department of Soc	cial Services	s (CDSS) Cour	nty Forms Catalog	ı (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 613C-2 (1/16) Pers Elderly	sonal Rights	In Privately O	perated Residenti	al Care Facilities For the	
ORDER UNIT		ESTIMATED F	ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	X Free ☐ Sold				☐ Yes ☒ No	
⊠ New ☐ Revised	DATE OF FORM 1/16	REPLACES	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form					d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			ER:			
Department of Social Services Warehouse			INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			RANET:			
	FORMS DISPOSITI	ION AND S	PECIAL INSTI	RUCTIONS		
Use until exhausted		⊠ Des	stroy			
USE NEW FORM When supply available in	effective	Immed	liately			
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.cdss.ca.gov/cdss	sweb/entres/forms/Engli	ich/I IC613C	-2 ndf			

nttp://www.cdss.ca.gov/cdssweb/entres/forms/English/LiC613C-2.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.