NOTICE OF FORM CH	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			s Management Unit
Listed below is information i	regarding a form change.	Only applicable information i	s shown.
This notice updates your C	alifornia Department of S	ocial Services (CDSS) Count	y Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITL	LIC 609 (12/15) Facili	ity Evaluation Report nplaint Investigation Report	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		
New X Revised	DATE OF FORM 12/15	replaces 6/04	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted		With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		X INTERNET:	
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSI	TION AND SPECIAL INSTR	JCTIONS
DISPOSITION OF OLD SUPPLY		X Destroy	
USE NEW FORM	in DSS Warehouse 🛛 l	Jse new form effective	Immediately
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING F	ORM CHANGE		
http://www.cdss.ca.gov/cd	ssweb/entres/forms/Eng	<u>lish/LIC809.pdf</u>	
http://www.odcc.co.co./od	sourch (ontros (forms / For		
http://www.cdss.ca.gov/cd	ssweb/entres/forms/Eng	(IISH/LIC9099.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.