NOTICE OF FORM CHANGE NO. 16-028				DATE	
NOTICE OF TORM CIT	ANGE NO. 10-026			2/16/2016	
				2/10/2010	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme	ent Unit	
Listed below is information re	garding a form change.	Only applica	able information is shown.		
This notice updates your Ca	lifornia Department of So	ocial Service	es (CDSS) County Forms Catal	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 9058 (12/15) Appl	licant/Licens	ee Rights		
ORDER UNIT		ESTIMATED	PRICE	INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free			☐ Yes ☒ No	
☐ New ☐ Revised	DATE OF FORM 12/15	REPLACES 1/11		Obsolete	
REQUIRED FORM-	REQUIRED FORM-			1	
No Change Permitted	Substitute Permitted \			ed Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTH	OTHER:		
Department of Social Services Warehouse P.O. Box 980788			INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSIT	TION AND S	SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY		Μn			
Use until exhausted		⊠ De:	stroy		
USE NEW FORM ☐ When supply available in	n DSS Warehouse 🛛 U	Ise new form	n effective Imme	ediately	
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9058.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.