NOTICE OF FORM CHANGE NO. 16-064				1	
NOTICE OF FORM CHA	ANGE NO. 16-064			6/8/2016	
TO:			FROM:	<u> </u>	
County Welfare Director			Forms Manageme	nt Unit	
Supply Clerk / Forms Coordinator					
	icensing District Offices				
District Attorney					
Private and Public Adoption Agencies					
Other					
Listed below is information re	garding a form change. Or	nly applica	able information is shown.		
This notice updates your Cal	lifornia Department of Socia	al Service	es (CDSS) County Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 9151 (8/14) - Proper	rty Owner	/Landlord Notification Family Ch	ild Care Home	
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold		ESTIMATED) PRICE	INITIAL SUPPLY SENT	
				☐ Yes ☒ No	
☐ New X Revised	DATE OF FORM 8/14	REPLACES 3/05		Obsolete	
REQUIRED FORM-	REQUIRED FORM-			I	
No Change Permitted	Substitute Permitted Wi	ith Prior D	SS Approval 🔲 Recommende	ed Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			HER:		
Department of Social Services Warehouse		X INT	INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788			RANET:		
======================================					
DISPOSITION OF OLD SUPPLY	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS		
Use until exhausted		⊠ De	estroy		
use NEW FORM ☐ When supply available in DSS Warehouse ⊠ Use new form effective immediately					
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/L	.IC9151.p	df		
http://www.cdss.ca.gov/cdssv	web/entres/forms/Spanish/	LIC9151S	SP.PDF		
,	,				
Camera-ready copies are cur	rrently available on the CD'	SS Interne	et Go to		
http://www.dss.cahwnet.gov/	-		C. 30 to		
•	-		tact FMU at fmudss@dss.ca.gov	<i>1</i> .	
		-y 20.11			
Contact Language Services 1	for other languages at (916	6) 651-887	dor by e-mail at LTS@dss.ca.g	ov.	