NOTICE OF FORM CHANGE NO. 16-069				DATE
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Managemen	6/24/2016 nt Unit
Listed below is information re	garding a form change. On	nly applica	ble information is shown.	
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Forms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 606 (4/16) - Residential Care Facility For The Elderly Disclosure Worksheet				
ORDER UNIT MASTER ONLY X Free Sold		ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes X No
	DATE OF FORM	REPLACES		
New Revised 4/16 REQUIRED FORM- REQUIRED FORM- REQUIRED FORM- Obsolete			Obsolete	
No Change Permitted Substitute Permitted Wit UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		□ OTH	SS Approval	d Form
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy	
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/cdssweb/entres/forms/English/LIC606.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.				