NOTICE OF FORM CHANGE NO. 16-116			DATE
			10/21/2016
Community Care District Attorney	orms Coordinator E Licensing District Offic		anagement Unit
Listed below is information	regarding a form change.	Only applicable information is sho	own.
This notice updates your	California Department of S	ocial Services (CDSS) County For	rms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TI	RFA 08 (9/16) Resou RFA 802 (9/16) Comp		culosis (TB) Screening Questionnaire
ORDER UNIT MASTER ONLY	⊠ Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
	DATE OF FORM	REPLACES	☐ Yes ☒ No
New Revised	9/16 REQUIRED FORM-		Obsolete
No Change Permitted		With Prior DSS Approval Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☑ INTERNET: ☐ INTRANET:	
	FORMS DISPOSI	TION AND SPECIAL INSTRUCTI	ONS
DISPOSITION OF OLD SUPPLY Use until exhausted		∑ Dootroy	
		Destroy	
USE NEW FORM ☐ When supply available	e in DSS Warehouse 🛛 🛭	Jse new form effective	Immediately
All County Letter No. Other (specify)			
	lssweb/entres/forms/Englis	sh/RFA08.pdf erculosis (TB) Screening Question	nnaire
http://www.cdss.ca.gov/cd RFA 802 (9/16) Complaint	lssweb/entres/forms/Englis t Intake Report	h/RFA802.pdf	
Camera-ready copies are	currently available on the	CDSS Internet. Go to	

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

 $http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.\\$