NOTICE OF FORM CHANGE NO. 16-118		DATE
		10/24/2016
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		is Management Unit
Listed below is information regarding a form change. C	Only applicable information	s shown.
This notice updates your California Department of Soc	cial Services (CDSS) Count	y Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FC 1B (10/16) Transition	onal Housing Pus Foster Ca	re (THP+FC) Program & Other Revenue
	ESTIMATED PRICE	
MASTER ONLY X Free Sold	25214050	Ves X No
New Revised 10/16	REPLACES	Obsolete
REQUIRED FORM- REQUIRED FORM- REQUIRED FORM- REQUIRED FORM- REQUIRED FORM-	Vith Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		
Department of Social Services Warehouse		
P.O. Box 980788 West Sacramento, CA 95798-0788		
FORMS DISPOSITION OF OLD SUPPLY	ION AND SPECIAL INSTR	JCTIONS
Use until exhausted	Destroy	
USE NEW FORM	se new form effective	Immediately
USE FORM IN ACCORDANCE WITH		
All County Letter No.		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
FC 1B (10/16) Transitional Housing Pus Foster Care (, ,	Revenue
http://www.cdss.ca.gov/cdssweb/entres/forms/Engli	SITECTR'DOL	

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.