NOTICE OF FORM CHANGE NO. 16-143				DATE	
				1/25/2017	
District Attorney			orms Managemer	nt Unit	
Listed below is information re	egarding a form change. C	Only applicable informat	ion is shown.		
This notice updates your Ca	lifornia Department of So	cial Services (CDSS) C	ounty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 9214 (6/16) - Appli Program	cation For Administrato	r Certification - Adm	inistrator Certification	
		ESTIMATED PRICE			
MASTER ONLY		REPLACES		Yes X No	
New 🛛 Revised	6/16	5/16		Obsolete	
REQUIRED FORM-	REQUIRED FORM-				
X No Change Permitted	Substitute Permitted V	Vith Prior DSS Approva	Recommende	d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:			
Department of Social Services Warehouse P.O. Box 980788		X INTERNET:	X INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788		INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY		X Destroy			
USE NEW FORM					
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				

LIC 9214 (6/16) - http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9214.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.