NOTICE OF FORM CHA	NGE NO. 16-148		DATE
			12/16/2016
To: County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public A	ns Coordinator censing District Offices	FROM: Forms Mana	gement Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE FC 01B (12/16) - Transitional Housing Program Plus Foster Care (THP+FC) Program & Other Revenue			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
☐ New ☒ Revised	12/16	REPLACES 10/16	Obsolete
Department of Social Services Warehouse P.O. Box 980788		th Prior DSS Approval Recoming OTHER: NTERNET: INTRANET:	mended Form
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
Use until exhausted Use rew form Disposition of old supply Destroy			
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 FORM CHANGE FC 01B (12/16) - Transitional Housing Program Plus Foster Care (THP+FC) Program & Other Revenue			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/FC01B.xlsx			

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.

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