

**NOTICE OF FORM CHANGE NO. 04-064**

DATE

02/27/2004

<b>TO:</b> County Welfare Director Supply Clerk / Forms Coordinator	<b>FROM:</b> Forms Management Unit (916) 657-1907
<input checked="" type="checkbox"/> Community Care Licensing District Offices <input type="checkbox"/> Private and Public Adoption Agencies	<input type="checkbox"/> District Attorney <input type="checkbox"/> Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 183B (7/03) - Forms Request - Residential Care Facilities For The Elderly

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 10/03	REPLACES 10/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>10/03</u>
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No. <input type="checkbox"/> Other (specify)	

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only

Attached is a Reproducible Copy

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

**FORMS REQUEST- RESIDENTIAL CARE FACILITIES FOR THE ELDERLY**

FORM NUMBER AND TITLE <i>(Only one master copy will be sent for duplicating purposes. Please refer to our websites for additional copies of forms). (*Available in Spanish)</i>	(Check <input checked="" type="checkbox"/> One)		
	ENGLISH	SPANISH	BOTH
LIC 308 Designation of Administrative Responsibility *			
LIC 309 Administrative Organization *			
LIC 400 Affidavit Regarding Client/Resident Cash Resources *			
LIC 405 Record of Client's/Resident's Safeguarded Cash Resources *			
LIC 424 Accounting Record for Change of Licensee			
LIC 500 Personnel Report *			
LIC 501 Personnel Record *			
LIC 503 Health Screening Report - Facility Personnel *			
LIC 508 Criminal Record Statement *			
LIC 601 Identification and Emergency Information *			
LIC 602A Physicians Report for Residential Care Facilities For the Elderly			
LIC 603A Resident Appraisal-Residential Care Facilities For the Elderly			
LIC 604A Admission Agreement-Residential Care Facilities For the Elderly			
LIC 605A Release of Client/Resident Medical Information			
LIC 610E Emergency Disaster Plan *			
LIC 613C Personal Rights *			
LIC 621 Client/Resident Personal Property and Valuables *			
LIC 622 Centrally Stored Medication and Destruction Record *			
LIC 624 Unusual Incident/Injury Report *			
LIC 624A Death Report			
LIC 625 Appraisal/Needs and Services Plan *			
LIC 627C Consent for Emergency Medical Treatment *			
LIC 9020 Register of Facility Clients/Residents			
LIC 9060 Resident Theft and Loss Record			
LIC 9158 Telecommunications Device Notification Form			
LIC 9163 Live Scan Application *			
LIC 9172 Functional Capability Assessment			
LIC 9183 Fingerprint Instructions (For State Licensed Facilities) *			
LIC 9194 Live Scan Instructions (For State Licensed Facilities) *			
FD 258 (CCL) FBI Fingerprint Card (Not available on Internet)			
PUB 325 Your Right To Make Decisions About Medical Treatment			
SOC 341A Statement Acknowledging Requirement To Report Suspected Abuse Of A Dependent Adult Or Elder *			

Licensing forms in English may be accessed at <http://www.cclid.ca.gov>  
 Licensing forms in Spanish may be accessed at <http://www.cclid.ca.gov>

**PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX**

CDSS Warehouse  
 P.O. Box 980788  
 West Sacramento, California 95798-0788

Contains printed matter, may be opened for postal inspection. Return postage guaranteed

TO _____ Facility Name
_____ Facility Address
_____ City State Zip
Check One Licensed By: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY

CUSTOMER'S PHONE NUMBER \_\_\_\_\_

Date \_\_\_\_\_