NOTICE OF FORM CHANGE NO. 06-122					DATE		
					08/24/2006		
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907				
			District Attorney Other				
Listed below is information re	garding a form change. O	nly applica	able information is show	vn.			
This notice updates your Dep	artment of Social Services	County F	orms Catalog.				
FORM NUMBER AND TITLE LIC 812 -	Detail Supportive Informa	tion					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT			
☐ New ☐ Revised	DATE OF FORM 8/06	REPLACES 11/02			Obsolete		
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitt	ed With Pi	rior DSS Approval	Red	commended Form		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Other:				
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTION	DNS			
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy				
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠Us	☐ Use new form effective 8/06				
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR Attached is a Reproducible C							

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

DETAIL SUPPORTIVE INFORMATION Type of Activity:

This form is intended to document information that is relevant to the licensing file but generally not public information, such as collateral visits. This would include back-up information on deficiencies such as conditions contributing to the severity of violations, witnesses to the violations, or other observation from field notes. When used to support the Licensing Report (LIC 809) the form should be completed, signed and dated shortly after the visit. This assures accuracy and completeness of the detail of the public report.

Public Confidential				
FACILITY NAME	FACILITY NUMBER	DATE(S) OF CONTACT	COLLATERAL VISIT	
			LL YES LL NO	_
				_
				—
				—
LICENSE EVALUATOR SIGNATURE	LICENSE EVALUATOR NAME (PRINT)	1	DATE	_
	I .			_