NOTICE OF FORM CHANGE NO. 05-071

TO: County Welfare Director
    Supply Clerk / Forms Coordinator
FROM: Forms Management Unit
       (916) 657-1907

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 9142a (1/05)
                      Roster of Participants - For Vendor Use Only

ORDER UNIT
MASTER ONLY
☐ Free  ☑ Sold

ESTIMATED PRICE

INITIAL SUPPLY SENT
☐ Yes  ☑ No

REPLACES DATE OF FORM
☐ New  ☑ Revised  1/05  12/03

REQUIRED FORM
☐ No Change Permitted  ☐ Substitute Permitted With 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 AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY
☐ Use until exhausted  ☑ Destroy

USE NEW FORM
☐ When supply available in DSS Warehouse  ☑ Use new form effective  1/05

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE
Attached is a Reproducible Copy
Print form: 8 1/2 x 11, one sided

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) 445-6778 or by electronic mail at LTS@dss.ca.gov.
• Provide the information requested below for all participants.
• Mail a copy of this roster within 7 days of course completion to the Administrator Certification Section at:
  744 “P” Street, M.S. 19-47, Sacramento, CA 95814
• Please submit a separate roster for each course/program type.
• Complete a separate roster for each day of course instruction.

(1) Course Program Type (Check one box):
- RCFE Initial 40-Hour Course
- ARF Initial 35-Hour Course
- GH Initial 40-Hour Course
- RCFE CEU
- ARF CEU
- GH CEU

(2) Vendor Name
(3) Instructor(s) Name
(4) Vendor #
(5) Course Name
(6) Location of Course
(7) Course Date
(8) CEU Course # (if applicable)

<table>
<thead>
<tr>
<th>Last Name of Participant (Print)</th>
<th>First Name of Participant (Print)</th>
<th>Middle Initial</th>
<th>Time In</th>
<th>Facility Name or Facility License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
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(7) Name of Authorized Representative (Print)
(8) Title of Authorized Representative
(9) Signature of Authorized Representative
(10) Date