NOTICE OF FORM CHANGE NO. 05-154

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.

<table>
<thead>
<tr>
<th>FORM NUMBER AND TITLE</th>
<th>LIC 9016 (4/01) - Investigator's Monthly Time and Statistical Report</th>
</tr>
</thead>
<tbody>
<tr>
<td>ORDER UNIT</td>
<td>MASTER ONLY</td>
</tr>
<tr>
<td></td>
<td>New</td>
</tr>
<tr>
<td></td>
<td>4/01</td>
</tr>
</tbody>
</table>

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

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

ADDITIONAL INFORMATION REGARDING FORM CHANGE

THIS FORM IS NOW OBSOLETE.

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.