

**NOTICE OF FORM CHANGE NO. 06-024**

DATE

02/07/2006

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 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    **VARIOUS FORMS**

ORDER UNIT <b>MASTER ONLY</b>	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM <b>SEE LIST</b>	REPLACES	<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 P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**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

ATTACHED IS A LIST OF FORMS THAT HAVE BEEN MADE MASTER ONLY. THEY WILL NO LONGER BE AVAILABLE THROUGH THE CDSS WAREHOUSE.

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). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

<b><u>FORM #</u></b>	<b><u>FORM TITLE</u></b>	<b><u>REVISION DATE</u></b>
LIC 102	Sanitation Inspection Request	9/99
LIC 400	Affidavit Regarding Client/ Cash Resources	1/99
LIC 401	Monthly Operating Statement	3/01
LIC 503 ENG/SP	Health Screening Report - Facility Personnel	3/99
LIC 603A	Resident Appraisal	7/99
LIC 604	Admission Agreement Guide For Residential Facilities	5/99
LIC 813	Facility Photography Report	11/99
LIC 957	Complaint Control Log	10/99