NOTICE OF FORM CHANGE NO. 08-055					DATE
					4/18/2008
TO: County Welfare Director			FROM: Forms Management Unit		
Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			(916) 657-	1907	
Listed below is information re	garding a form change. On	nly applicat	ole information is show	vn.	
This notice updates your Cal	lifornia Department of Socia	al Services	s (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9163 (4/08) Request for Live Scan S	ervice - Co	ommunity Care Licens	ing	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 4/08	REPLACES 5/05			☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pri	or DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			ER: RNET:		
			□ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	troy		
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 4/08		4/08	
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9163.PDF

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.