NOTICE OF FORM CHANCE NO. 00 126					
NOTICE OF FORM CHANGE NO. 08-136					DATE 12 21 2009
					12-31-2008
TO: County Welfare Dire Supply Clerk / Form Community Care Li District Attorney Private and Public A Other	FR	FROM: Forms Management Unit (916) 657-1907			
Listed below is information reg	garding a form change. Or	nly applicable ir	formation is show	vn.	
This notice updates your Cali	fornia Department of Socia	al Services (CD	SS) County Form	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9163B (12/08) Request For Live Scan S	Service - Long	Term Care		
ORDER UNIT	ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY Free Sold					☐ Yes ⊠ No
⊠ New ☐ Revised	DATE OF FORM 12/08	REPLACES	IEPLACES		Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior D	SS Approval	Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOC	OTHER:				
Department of Social Service P.O. Box 980788	☑ INTERNET: ☐ INTRANET:				
West Sacramento, CA 95798					
	FORMS DISPOSITION	ON AND SPEC	IAL INSTRUCTION	DNS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy			
USE NEW FORM When supply available in	⊠ Use nev	Use new form effective			
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE				
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Enç	lish/LIC9163B	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.