NOTICE OF FORM CHANGE NO. 09-030		DATE
		9/21/2009
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	(916) 657-1	agement Unit 907
Listed below is information regarding a form change. C	Only applicable information is show	ո.
This notice updates your California Department of Soc	cial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FCR 16 (9/09) Group Home Shelter Co	osts, Self-Dealing Transactions De	claration And Survey
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised ☐ DATE OF FORM 9/09	REPLACES 2/05	Obsolete
REQUIRED FORM- No Change Permitted Substitute Permit	ted 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	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
FORMS DISPOSITI	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted	Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse	⊠ Use new form effective	9/09
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No.☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/forms/Eng	glish/FCR16.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.