| NOTICE OF FORM CHANGI                                                                                                                                                                       |          |                         | DATE                 |        |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------|----------------------|--------|-----------------------------|
|                                                                                                                                                                                             |          |                         |                      |        | 12/18/2012                  |
| To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other |          |                         | FROM:<br>Forms Man   | agemer | nt Unit                     |
| Listed below is information regarding a form change. Only applicable information is shown.                                                                                                  |          |                         |                      |        |                             |
| This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).                                                                                     |          |                         |                      |        |                             |
| FORM NUMBER, REVISION DATE AND TITLE LIC 9140A (12/12) Request To Add Or Remove Instructor                                                                                                  |          |                         |                      |        |                             |
| ORDER UNIT MASTER ONLY                                                                                                                                                                      | ree Sold | ESTIMATED PRICE         |                      |        | INITIAL SUPPLY SENT  Yes No |
| ☐ New ☐ Revised 12/12                                                                                                                                                                       |          | REPLACES 1/06           |                      |        | Obsolete                    |
| REQUIRED FORM-                                                                                                                                                                              |          |                         |                      |        |                             |
| No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form  UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: ☐ OTHER:                                             |          |                         |                      |        |                             |
| Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788                                                                                                      |          | ☐ INTERNET: ☐ INTRANET: |                      |        |                             |
| FORMS DISPOSITION AND SPECIAL INSTRUCTIONS                                                                                                                                                  |          |                         |                      |        |                             |
| DISPOSITION OF OLD SUPPLY  Use until exhausted                                                                                                                                              |          | ⊠ Des                   | stroy                |        |                             |
| USE NEW FORM  When supply available in DSS Warehouse                                                                                                                                        |          | ⊠ Us                    | e new form effective | immed  | diately                     |
| □ All County Letter No. □ Other (specify)                                                                                                                                                   |          |                         |                      |        |                             |
| ADDITIONAL INFORMATION REGARDING FORM CHANGE                                                                                                                                                |          |                         |                      |        |                             |
| http://www.cdss.ca.gov/cdssweb/entres/forms/English/LIC9140A.pdf                                                                                                                            |          |                         |                      |        |                             |

Camera-ready copies are currently available on the CDSS Internet. Go to  $http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.\\$ Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.