NOTICE OF FORM CHA	ANGE NO. 05-014				DATE 01/19/2005
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907		
<ul><li>☐ Community Care Licens</li><li>☐ Private and Public Adop</li></ul>	•		District Attorney Other		
Listed below is information re	garding a form change. O	nly applica	able information is show	/n.	
This notice updates your Dep	artment of Social Services	s County F	orms Catalog.		
FORM NUMBER AND TITLE TLR 301E	E (12/03) - Trustline Refere	ence Requ	est - Exemption		
ORDER UNIT				INITIAL SUPPLY SENT	
MASTER ONLY					☐ Yes ⊠ No
⊠ New ☐ Revised	DATE OF FORM 12/03	REPLACES			Obsolete
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	Substitute Permitt	ted With P	rior DSS Approval	oxtimes Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:		
	FORMS DISPOSITI	ON AND S	SPECIAL INSTRUCTION	NS	
Use until exhausted		☐ De	estroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		⊠Us	e new form effective	12/03	
USE FORM IN ACCORDANCE WITH					
<ul><li>All County Letter No.</li><li>Other (specify)</li></ul>					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
Form is a Master Only.					

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

Attached is a Reproducible Copy

REFERENCE REQUEST F	OR:		
You must enter your full name before	e you give this form to yo	our reference for completion.	
The above named person has su reference statement on his/her b		n for the Trustline Registry.	. This person has selected you to write a
If you are related to this perso	n in any way, please	do not complete this refer	rence statement.
Please complete the entire form.	Your honest reply will	I help us ensure high quality	, license-exempt child care.
YOUR NAME			
STREET ADDRESS			
СІТУ	STATE	ZIP CODE	DAY TIME PHONE NUMBER
1. How long have you known the	e person you are writin	ng this reference for?	·
2. How do you know this person	n?		
3. Please give your opinion of the	nis person's character?		

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4. Please describe any interaction you have observed between this person and children.
5. Please add any comments you feel are relevant about this person and his/her desire to care for children.
PRINT YOUR NAME
YOUR SIGNATURE
DATE