NOTICE OF FORM CHANGE NO. 05-154				DATE 12/15/2005
To: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907	
			District Attorney Other	
Listed below is information regarding a form change. Only applicable information is shown.				
This notice updates your Department of Social Services County Forms Catalog.				
FORM NUMBER AND TITLE LIC 9016 (4/01) - Investigator's Monthly Time and Statistical Report				
MASTER ONLY		ESTIMATED	PRICE	INITIAL SUPPLY SENT
☐ New ☐ Revised	DATE OF FORM 4/01	REPLACES		
REQUIRED FORM- No Change Permitted Substitute Permitted 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				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY ☐ Use until exhausted			stroy	
□ When supply available in DSS Warehouse		Use new form effective		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			

THIS FORM IS NOW OBSOLETE.

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.