| NOTICE OF FORM CHANGE NO. 06-121 | | | | | DATE | | |
|---|--------------------------|---|----------------------------------|---------------------|------------|--|--|
| | | | | | 08/24/2006 | | |
| TO: County Welfare Director Supply Clerk / Forms Coordinator | | | FROM: Forms Mai (916) 657- | • | nt Unit | | |
| Community Care Licensing District Offices | | |] 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 811 - Confidential Names | | | | | | | |
| ORDER UNIT MASTER ONLY | Free Sold | ESTIMATED PRICE | | INITIAL SUPPLY SENT | | | |
| 🗌 New 🛛 Revised | DATE OF FORM 8/06 | REPLACES 7/99 | | Obsolete | | | |
| REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval | | | | | | | |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 | | | Other: | | | | |
| FORMS DISPOSITION AND SPECIAL INSTRUCTIONS | | | | | | | |
| DISPOSITION OF OLD SUPPLY | | De | stroy | | | | |
| USE NEW FORM | | \boxtimes Use new form effective 8/06 | | | | | |
| USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) | | | | | | | |
| ADDITIONAL INFORMATION REGARDING FOR Attached is a Reproducible C | | | | | | | |

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.

CONFIDENTIAL NAMES

California Statutes and Code of Regulations require that the names of clients/residents not be specified on public documents. The following is a list of clients/residents referenced in the licensing report identified below.

Date of Field Visit _

_ Date of the Licensing Report (LIC 809) _____

Date Licensing Report Was Issued/Given To Licensee (Facility Representative) _____

Facility Name _____

_____ Facility Number _____

| Image: selection of the | * Reference Number | Name of Client/Resident | Date of Birth | Address/Location | Comment |
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*REFERENCE NUMBER CORRESPONDS TO NUMBER USED ON THE LICENSING REPORT TO REFER TO CLIENT/RESIDENT.

_____ Date_____

Licensing Evaluator's Name(s)(Print) ____

Licensing Evaluator Signature_