NOTICE OF FORM CHANGE NO. 11-015				DATE
				2/17/2011
District Attorney			FROM: Forms Management Unit	
Listed below is information re	egarding a form change. O	nly applicable information is show	vn.	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog	ı (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9020 (2/11) Registe	er Of Facility Clients/Residents		
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	Free Sold			\Box Yes \boxtimes No
□ New ⊠ Revised	DATE OF FORM 2/11	REPLACES 4/00		☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-			
No Change Permitted	Substitute Permit	ted With Prior DSS Approval		commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				
Department of Social Services Warehouse P.O. Box 980788		INTERNET:		
West Sacramento, CA 95798-0788				
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY		Destroy		
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	2/2011	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
http://www.cdss.ca.gov/cdss	web/entres/forms/English/I	LIC9020.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.