NOTICE OF FORM CHANGE NO. 11-043					DATE
					4/14/2011
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	nagemer	nt Unit
Listed below is information re	garding a form change. C	Only applicab	le information is show	n.	
This notice updates your Ca	lifornia Department of Soc	cial Services	(CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9163B (3/11) Requ	est For Live	Scan Service - Long	Term Ca	re Ombudsman -
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PF	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☒ No
☐ New ☐ Revised	DATE OF FORM 3/11	REPLACES 12/08			☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form					
UNLESS OTHERWISE SPECIFIED STOP Department of Social Service P.O. Box 980788 West Sacramento, CA 95796	⊠ INTEF	☐ OTHER: ☐ INTERNET: ☐ INTRANET:			
	FORMS DISPOSITI	ION AND SP	ECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Dest	roy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Use	☐ Use new form effective 3/11		
USE FORM IN ACCORDANCE WITH All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/	/LIC9163B.p	df		

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.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.