NOTICE OF FORM CHANGE NO. 11-094					
				9/15/2011	
TO: County Welfare Di	rector		FROM: Forms Mar	agement Unit	
Supply Clerk / Forms Coordinator			1 Omis Mai	agement offic	
• • •	icensing District Offices	;			
District Attorney	g				
	Adoption Agencies				
Other					
Listed below is information re	egarding a form change. O	nly applica	able information is show	n.	
This notice updates your Ca	lifornia Department of Soc	cial Service	es (CDSS) County Form	s Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 9163B (7/11) Requ	est For Li	ve Scan Service - Long	Term Care Ombudsman	
ORDER UNIT		ESTIMATED	PRICE	INITIAL SUPPLY SENT	
MASTER ONLY				☐ Yes ☐ No	
☐ New ☐ Revised	ew Revised 7/11			☐ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	tted With F	Prior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STO			HER:		
Department of Social Services Warehouse			ERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788			RANET:		
	FORMS DISPOSITI	ON AND	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY					
Use until exhausted	⊠ De	stroy			
USE NEW FORM When supply available in DSS Warehouse			Use new form effective immediately		
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	LIC9163B	.pdf		
Camera-ready copies are cu	rrently available on the CF	NSS Intern	et Go to		
http://www.dss.cahwnet.gov/	-		Ct. 30 to		
Form information on forms n			tact FMU at fmudss@ds	s.ca.gov.	