

**NOTICE OF FORM CHANGE NO. 03-079**

07/10/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

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 301E (7/03) - Reference Request - Exemption

ORDER UNIT MO	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 7/03	REPLACES 9/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> Other:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

## DISPOSITION OF OLD SUPPLY

Use until exhausted                       Destroy

## USE NEW FORM

When supply available in DSS Warehouse                       Use new form effective 7/03

## USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print 8 1/2 X 11, 2-sided

Form is now a Master Only. Unit of issue changed from Pad to each.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).

For camera-ready copy 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](mailto:fmudss@dss.ca.gov).

**REFERENCE REQUEST FOR:** \_\_\_\_\_

To operate or work in facility type: \_\_\_\_\_

You must enter your full name and facility type before you give this form to your reference for completion.

The above named person has applied to operate, work or reside in a community care facility serving the client group indicated above. This person has selected you to write a reference statement on his/her behalf. **If you work at the facility, are a client of the facility, or are related to this person in any way, you may not complete this reference statement.**

Please complete the entire form. Your honest reply will help us ensure high quality care in our licensed facilities.

Your Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Time Telephone Number: (\_\_\_\_) \_\_\_\_\_

1. How long have you known the person you are writing this reference for? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. How do you know this person? \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**REFERENCE REQUEST FOR:** \_\_\_\_\_

3. Please give your opinion of this person's character. \_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Please describe any interaction you have observed between this person and the client group he/she is requesting to work with. For example: Clients may be children, developmentally disabled children or adults, mentally impaired adults, or elderly. \_\_\_\_\_

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5. Please add any comments you feel are relevant about this person and his/her desire to work in a community care facility. \_\_\_\_\_

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PRINT YOUR NAME	YOUR SIGNATURE	DATE
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