

**NOTICE OF FORM CHANGE NO. 04-140**

DATE

05/27/2004

**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 9029B (4/04) Statement of Facts Preparation Checklist

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 4/04	REPLACES	<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 immediately.

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

8-1/2" x 11", one-sided form.

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://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](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

## STATEMENT OF FACTS PREPARATION CHECKLIST

Enter a **Y** (Yes), **N** (No), or **N/A** (Not Applicable) in the box to the right of each item.

1. Check Statement of Facts Summary Sheet for the following:	
a. If this is an appeal, have the dates for "Appeal Rec'd" and "Acknowledgement Letter Sent" been entered?	
b. Has a box been checked for "Operating? (Yes/No)"?	
c. If this is a telephone TSO case, have the 3 boxes been completed?	
d. If this is an immediate exclusion case, has Legal Division approval been obtained, and have the 4 boxes been completed?	
e. Is only one box for "Type of Action Requested" checked? (For each action requested, a separate summary sheet must be completed.)	
f. Has date of licensure or certification been completed?	
g. Has number of other facilities operated by the licensee been completed?	
2. Check file for the following documents:	
a. Copy of current license, if licensed.	
b. Copy of current certification, if certified.	
c. Copy of application, if license denial.	
d. Appeal letter, if appealed.	
e. Copy of attorney consultations.	
f. Copy of immediate exclusion letter.	
3. Is complete contact information for all witnesses included?	
4. Has LIS been checked for all licenses of licensees, and for all associations of non-corporate respondents?	
5. Have copies been made of all documents supporting all possible allegations, including documents in confidential file and exhibits to investigation reports?	
6. Have licensing documents been organized so that public and confidential documents from same date are together?	
7. If clients are still in care pending the outcome of the administrative action, has a case monitoring plan been developed?	
8. Has this completed checklist been attached to the Statement of Facts?	