State of California
Department of Social Services

Auto ID No.: 
Source: 
Issued by: 
Reg Cite: 16.505.31

MESSAGE:

Incomplete facts - Designated Alternate Cardholder Request

Designated Alternate Cardholder Request: need additional facts

Auto ID No.: Use Form No.: NA 290
Source: Original Date: 07/01/02 (new)
Issued by: Revision Date:
Reg Cite: 16.505.31

(Chinese Translation)