NOTICE OF FORM CHANGE NO. 16-052				DATE	
				04/25/2016	
District Attorney		:	FROM: Forms Manageme	nt Unit	
Listed below is information re	garding a form change. C	nly applica	able information is shown.		
This notice updates your Ca	lifornia Department of Soc	ial Service	es (CDSS) County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	See below.				
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT  ☐ Yes ☒ No	
New Revised	date of form 4/16  REQUIRED FORM-	REPLACES 4/15		☐ Obsolete	
■ No Change Permitted ■ Substitute Permitted Wit  UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788  West Sacramento, CA 95798-0788		□ OTH	Prior DSS Approval Recommended Form OTHER: INTERNET: INTRANET:		
	FORMS DISPOSITI	ON AND	SPECIAL INSTRUCTIONS		
Use until exhausted		⊠ De	estroy		
USE NEW FORM  When supply available in	n DSS Warehouse 🔲 Us	e new forn	n effective		
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cds EFA 14 (4/16) - Emergency http://www.cdss.ca.gov/cdss EFA 15 (4/16) - Alternate Pi	/ Food Assistance Programs sweb/entres/forms/English	m (EFAP) n/EFA15.p	2016 Income Guidelines	) 2016 Income Guidelines	
Camera-ready copies are cur http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_27	'1.htm.	et. Go to tact FMU at fmudss@dss.ca.go	v.	
Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.					