

**NOTICE OF FORM CHANGE NO. 05-072**

DATE

05-19-2005

**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    **TEMP 2223 (3/05) English and Spanish**  
Notice to all quarterly reporting (QR) households not receiving cash aid

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 3/05	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-     No Change Permitted     Substitute Permitted With Prior DSS Approval     Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  
**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

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    3/05

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)    ACIN I-19-05

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x11, one sided.

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).

## **NOTICE TO ALL QUARTERLY REPORTING (QR) HOUSEHOLDS NOT RECEIVING CASH AID IMPORTANT - PLEASE READ**

**You are not required to report any increases of income during the QR Payment quarter.**

**Effective immediately!** If you **voluntarily** report income that increased during the QR Payment Quarter and it is high enough to be more than your gross income eligibility level for your household, your food stamp benefits may be discontinued in the middle of your quarter. This voluntary report is different from most because it can cause food stamp benefits to be discontinued in the middle of your quarter.

All other voluntary reports will generally cause your benefits to increase, such as a report of income going down.

## **AVISO PARA TODOS LOS GRUPOS PARA FINES DE ESTAMPILLAS PARA COMIDA (GRUPOS) QUE TIENEN QUE REPORTAR CADA TRIMESTRE Y QUE NO RECIBEN ASISTENCIA MONETARIA IMPORTANTE - FAVOR DE LEER**

**No se requiere que usted reporte ningún aumento en los ingresos durante el trimestre en que recibe beneficios de estampillas para comida.**

**¡Empezando inmediatamente!** Si usted reporta **voluntariamente** un aumento en los ingresos durante el trimestre en que recibe beneficios de estampillas para comida, y el aumento es tan alto que causa que los ingresos brutos de su grupo excedan el límite que se permite para que su grupo sea elegible para recibir beneficios de estampillas para comida, es posible que sus beneficios de estampillas para comida se descontinúen en medio del trimestre. Este reporte voluntario es diferente de la mayoría de los reportes voluntarios porque puede causar que se descontinúen sus beneficios de estampillas para comida en medio del trimestre.

Todos los otros reportes voluntarios generalmente causan un aumento en sus beneficios, tal como un reporte de una reducción en los ingresos.