

NOTICE OF FORM CHANGE NO. 06-105

DATE

08-01-2006

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 FS 24 (7/06)

Food Stamp Request For Regulation Interpretation

ORDER UNIT MASTER ONLY	<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 7/06	REPLACES 3/04	<input type="checkbox"/> Obsolete

REQUIRED FORM-

No Change Permitted

REQUIRED FORM-

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 date of this notice

USE FORM IN ACCORDANCE WITH

All County Letter No.

Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, one sided

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

FOOD STAMP PROGRAM REQUEST FOR REGULATION INTERPRETATION

INSTRUCTIONS: Complete items 1 -10 of the form. Use a separate form for each policy interpretation request. Retain a copy of the FS 24 for your records and submit via email to the Food Stamp Policy Implementation Unit (FSPIU), 744 P Street, M.S. 16-32, Sacramento, CA 95814.

1. REQUESTOR NAME:	5. COUNTY/QUALITY CONTROL/CONSORTIA PLANNING/STATE HEARINGS
2. PHONE NO.:	6. SUBJECT:
3. REGULATIONS CITE(S):	7. REFERENCES: (ACLs/ACINs, FSQADs, etc.)
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:
9. QUESTION: (INCLUDE SCENARIO IF NEEDED FOR CLARITY):	

10. REQUESTOR'S PROPOSED ANSWER:

11. STATE POLICY RESPONSE (FSPIU USE ONLY):

ANALYST:

REGULATION PROBLEM:

YES NO

DATE: