

NOTICE OF FORM CHANGE NO. 07-042DATE
04-24-2007

TO:
County Welfare Director
Supply Clerk / Forms Coordinator
Community Care Licensing District Offices
District Attorney
Private and Public Adoption Agencies
Other

FROM:
Forms Management Unit
(916) 657-1907

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE **DFA 285B (4/07)**
Food Stamp Budget Worksheet/Change Reporting Household

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 4/07	REPLACES 11/06	<input type="checkbox"/> Obsolete

REQUIRED FORM- 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:
 INTERNET: <http://www.dss.cahwnet.gov/pdf/dfa285b.pdf>
 INTRANET:

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 4/07

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Camera-ready copies are currently available on the CDSS Internet. Go to
www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at
fmudss@dss.ca.gov.