

NOTICE OF FORM CHANGE NO. 08-060

DATE

05-15-2008

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 285D (8/07) English Only Food Stamp Budget Worksheet - Special Medical/Shelter Deductions			
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT			
MASTER ONLY				<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised		DATE OF FORM 8/07		REPLACES 11/06		<input type="checkbox"/> Obsolete	
REQUIRED FORM-		REQUIRED FORM-					
<input type="checkbox"/> No Change Permitted		<input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval		<input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				OTHER:			
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788				<input checked="" type="checkbox"/> INTERNET:			
				<input type="checkbox"/> 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

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/DFA285D.PDF>

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

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.