NOTICE OF FORM CHANGE NO. 13-019					DATE	
					03-08-2013	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemer	nt Unit	
Listed below is information reg	garding a form change. O	nly applica	ble information is show	n.		
This notice updates your Cali	ifornia Department of Soc	ial Service	s (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 377.1 (2/13)					
	Notice Of Approval For	CalFresh E	Benefits			
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free □ Sold				☐ Yes	
⊠ New ☐ Revised	DATE OF FORM 2/13	REPLACES			Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:			
Department of Social Services Warehouse P.O. Box 980788			⊠ INTERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	stroy			
USE NEW FORM When supply available in DSS Warehouse			oxtimes Use new form effective $$		o I-11-13	
USE FORM IN ACCORDANCE WITH All County Letter No.						
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377.1.pdf

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

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.