NOTICE OF FORM CHANGE NO. 13-086						DATE	
						08/08/2013	
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 regarding a form change. Only applicable information is shown.							
This notice updates your Cal	lifornia Depar	tment of Soci	al Service	es (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE		.3 QR (6/13) Benefits Your F	Rights An	d Responsibilities			
CalFresh Benefits Your Rights And Responsibilities ORDER UNIT ESTIMATED PRICE						INITIAL SUPPLY SENT	
SET	Free	oxtimes Sold	\$.07			\square Yes $oxtimes$ No	
☐ New ☐ Revised	DATE OF FORM 6/13		REPLACES 1/13			☐ Obsolete	
REQUIRED FORM-	REQUIRED FO						
No Change Permitted No Change Permitted		stitute Permitt		Prior DSS Approval		ecommended 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 AND SPECIAL INSTRUCTIONS							
DISPOSITION OF OLD SUPPLY Use until exhausted			☐ De	stroy			
USE NEW FORM When supply available in DSS Warehouse				\boxtimes Use new form effective where		feasible	
USE FORM IN ACCORDANCE WITH							
\square All County Letter No.							
Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/DFA285A3QR.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.