NOTICE OF FORM CHANGE NO. 13-105					DATE		
						09/20/2013	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Mana	agemei	nt Unit	
Listed below is information re	egarding a for	m change. O	nly applica	able information is showr	١.		
This notice updates your Ca	alifornia Depar	tment of Soc	ial Service	es (CDSS) County Forms	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 205 (9/	13) For CalFres	h Benefits				
ORDER UNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT	
SET	DATE OF FORM	⊠ Sold	REPLACES	glish / \$.35 Spanish		☐ Yes ⊠ No	
New Revised	9/13					□ 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	SPECIAL INSTRUCTION	18		
DISPOSITION OF OLD SUPPLY Use until exhausted			☐ De	stroy			
USE NEW FORM When supply available in DSS Warehouse				se new form effective	Refer to 13-75		
Section of the control of the contr	ttp://www.cdss	s.ca.gov/lette	rsnotices/l	EntRes/getinfo/acl/2013/	13-75.p	df	
ADDITIONAL INFORMATION REGARDING FO							
http://www.cdss.ca.gov/cdss	sweb/entres/fo	rms/English/0	CF285.pdf				
Please complete GEN 727B http://www.cdss.ca.gov/cdss		rms/English/0	GEN727b.	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.