NOTICE OF FORM CHANGE NO. 13-114			DATE	
			10-02-2013	
District Attorney			nagement Unit	
Listed below is information re	egarding a form change. O	nly applicable information is show	'n.	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	. , .	ed CalFresh Program Unpaid Wo Service Hours Worksheet	rk Experience (WEX)	
		ESTIMATED PRICE		
MASTER ONLY	Free Sold	REPLACES		
$\Box$ New $\Box$ Revised	9/13	9/11	Obsolete	
REQUIRED FORM-	REQUIRED FORM-	I.	I	
No Change Permitted		ted 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				
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY		⊠ Destroy		
ISE NEW FORM		$oxed{\boxtimes}$ Use new form effective	Refer to 13-72	
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/EntRes/getinfo/acl/2013	/13-72.pdf	
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	WTW15.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.