NOTICE OF FORM CHANGE NO. 13-133				DATE
				10-29-2013
To: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	FROM: Form	ns Managemer	nt Unit	
Listed below is information re	garding a form change. O	nly applicable information	s shown.	
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) Count	y Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.2 (10/13) CalFresh Notice Of Expi	ration Of Certification		
RDER UNIT ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold				☐ Yes ☐ No
☐ New ☐ Revised	10/13	REPLACES 7/13		Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With Prior DSS Approv	⁄al □ Re	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	ON AND SPECIAL INSTR	UCTIONS	
Use until exhausted	⊠ Destroy			
USE NEW FORM When supply available in DSS Warehouse		\boxtimes Use new form effective \underline{R}		to 13-88
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/letter	snotices/EntRes/getinfo/a	cl/2013/13-88.p	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377.2.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.