NOTICE OF FORM CHANGE NO. 14-007					DATE
					01/08/2014
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	arding a form change. O	nly applica	able information is show	'n.	
This notice updates your Calif	ornia Department of Soc	ial Service	es (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.7D3 (8/13)				
	CalFresh Overissuance	Notice Fo	r Administative Errors (AE) Only	,
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY					☐ Yes
	DATE OF FORM 8/13	REPLACES			Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With F	rior DSS Approval	□Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER:		
Department of Social Services Warehouse P.O. Box 980788			⊠ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy		
USE NEW FORM When supply available in DSS Warehouse			☐ Use new form effective Refer to ACI 13-79		to ACI 13-79
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. http ☐ Other (specify)	://www.cdss.ca.gov/lette	rsnotices/l	EntRes/getinfo/acl/2013	/13- 7 9.p	df
ADDITIONAL INFORMATION REGARDING FORM	1 CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377_7D3.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.