NOTICE OF FORM CHANGE NO. 14-019						DATE
TOTIOL OF TOTAL OTIV	OL 110.	14-013				02/04/2014
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Mana	geme	nt Unit
Listed below is information re	garding a for	m change. Or	nly applica	able information is shown.		
This notice updates your Cal	lifornia Depar	tment of Soci	al Service	es (CDSS) County Forms	Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE QR 2104 (6/10) English and Spanish Food Stamp Notice Of Restoration Approval						
ORDER UNIT MASTER ONLY	Free	Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT
New ☐ Revised	DATE OF FORM	50Id	REPLACES			Yes
REQUIRED FORM- REQUIR						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788				<u> </u>		
	FORMS	DISPOSITIO	ON AND S	SPECIAL INSTRUCTIONS	S	
DISPOSITION OF OLD SUPPLY Use until exhausted				stroy		
use New FORM When supply available in	n DSS Wareh	ouse	☐ Us	se new form effective		
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					

Form is obsolete as it does not reflect the new name of "CalFresh", which was changed from "Food Stamps" on October 23, 2010. Due to outdated information this form is not being replaced.