NOTICE OF FORM CHANGE NO. 14-030			DATE	
			03/03/2014	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Management 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	s Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 29C (2/14) CalFresh Recertification	Appointment Letter		
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT	
MASTER ONLY	Free Sold		□ Yes ⊠ No	
□ New ⊠ Revised	DATE OF FORM 2/14	REPLACES 1/14	□ Obsolete	
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		🖾 INTERNET:		
West Sacramento, CA 95798-0788				
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY		⊠ Destroy		
USE NEW FORM		oxtimes Use new form effective	Refer to ACL 14-20	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/EntRes/getinfo/acl/2014	/14-20.pdf	
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	CF29C.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.