NOTICE OF FORM CHANGE NO. 14-037						DATE	
						03/27/2014	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Man	ageme	nt Unit	
Listed below is information re	garding a for	m change. Or	nly applica	able information is show	'n.		
This notice updates your Ca	lifornia Depar	tment of Soci	al Service	es (CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE  CF 285 (2/14) English and Spanish  Application For CalFresh Benefits							
ORDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT		
SET	Free	⊠ Sold	\$.35 English / \$.35 Spanish		☐ Yes		
☐ New ☐ Revised	DATE OF FORM 2/14		REPLACES 9/13			☐ Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FO		od With E	Prior DSS Approval	ПР	ecommended Form	
				IER:		scommended i omi	
Department of Casial Carvines Warehouse				ERNET:			
West Sacramento, CA 95798-0788				RANET:			
	FORMS	DISPOSITIO	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY  Use until exhausted				stroy			
use NEW FORM  When supply available in DSS Warehouse			⊠ Us	☐ Use new form effective 2/14			
USE FORM IN ACCORDANCE WITH							
Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF285.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.