NOTICE OF FORM CHANGE NO. 14-038			DATE
			4/24/2014
TO: County Welfare Dire Supply Clerk / Form Community Care Lie District Attorney Private and Public A Other	es Coordinator censing District Offices	FROM: Forms Management Unit	
Listed below is information rec	parding a form change. O	nly applicable information is show	n.
This notice updates your Cali	fornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WINS 1239 (4/14) CalFi Supplement (WINS) Bei	nefits	rmination Work Incentive Nutritional
ORDER UNIT	🛛 Free 🗌 Sold	ESTIMATED PRICE	
	2017 DATE OF FORM	REPLACES 3/14	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<ul> <li>□ OTHER:</li> <li>☑ INTERNET:</li> <li>□ INTRANET:</li> </ul>	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	VS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		☐ Use new form effective	4/14
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR			
http://www.cdee.co.gov/cdeev	ob/ontros/forms/English/	MINS1220 pdf	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WINS1239.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.