NOTICE OF FORM CHANGE NO. 14-046			DATE
			4/28/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			nagement 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	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.2A1 (4/14) Impo Disabled With No Earne		In Which All Adults Are Elderly Or
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free □ Sold		☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 4/14	REPLACES 2/14	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
		d With Prior DSS Approval	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:	
Department of Social Services Warehouse P.O. Box 980788		☐ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	4/1/2014
USE FORM IN ACCORDANCE WITH			
\square All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377_2A1.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.