NOTICE OF FORM CHANGE NO. 14-048				DATE
				5/12/2014
County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	FROM: Forms Mai	nagemer	nt Unit	
Listed below is information re	garding a form change. O	nly applicable information is show	vn.	
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE WINS 1239 (5/14) CalFresh Notice of Approval/Denial/Termination Work Incentive Nutritional Supplement (WINS) Benefit				
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT
☐ New ☐ Revised	DATE OF FORM 5/14	REPLACES 4/14		☐ Obsolete
REQUIRED FORM-  REQUIRED FORM-				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER:  ☐ INTERNET:  ☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY  Use until exhausted		□ Destroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		☐ Use new form effective	immed	diately
SE FORM IN ACCORDANCE WITH  SE All County Letter No. AC  ☐ Other (specify)	CIN I-14-14			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.cdee.ca.gov/cdee/	weh/entres/forms/English/\	MINS1239 ndf		

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.