NOTICE OF FORM CHANGE NO. 14-049				DATE	
			5/15/20	14	
To: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		orms Management Unit			
Listed below is information re	garding a form change.	Only applicable information	on is shown.		
This notice updates your Ca	lifornia Department of Sc	ocial Services (CDSS) Co	unty Forms Catalog (PUB 6	9).	
FORM NUMBER, REVISION DATE AND TITLE WINS 1 (5/14) Notice to All CalFresh Recipients Work Incentive Nutritional Supplement (WINS) Benefit Important - Please Read					
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPP		
MASTER ONLY	☐ Free ☐ Sold		Yes	⊠No	
☐ New X Revised	DATE OF FORM 5/14	REPLACES 4/14	Obs	olete	
REQUIRED FORM-	REQUIRED FORM-				
☐ No Change Permitted Substitute Permitted With Prior DSS Approval ☐ Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	OTHER:		
Department of Social Services Warehouse P.O. Box 980788		✓ INTERNET:	⊠INTERNET:		
West Sacramento, CA 95798-0788		☐ INTRANET:	INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY		∇ n			
Use until exhausted		□ Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective immediately					
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
Other (specify) A(CIN I-14-14				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdee.ca.gov/cdee/	weh/entres/forms/English	h/M/INS1 ndf			

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.