NOTICE OF FORM CHANGE NO. 14-060				DATE
HOTIOL OF FORM OFFAIGL NO. 14-000				
				6/5/2014
To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other			FROM: Forms Manageme	ent Unit
Listed below is information re	egarding a form change.	Only applica	ble information is shown.	
This notice updates your Ca	lifornia Department of Sc	ocial Service	s (CDSS) County Forms Cata	log (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 387 (5/14)CalFresi	h Request F	or Information	
ORDER UNIT		ESTIMATED F	PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold			☐ Yes ☒ No
☐ New X Revised	DATE OF FORM 5/14	DFA 387	(10/11)	Obsolete
REQUIRED FORM-	REQUIRED FORM-			
- <u>-</u>	Substitute Permitted \			led Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTH		
Department of Social Services Warehouse P.O. Box 980788			INTERNET:	
West Sacramento, CA 95798-0788			☐ INTRANET:	
	FORMS DISPOSIT	TION AND S	PECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Des	stroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse  ☐ Use new form			n effective <u>5/1/2014</u>	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
		/OF007 "		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF387.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.