NOTICE OF FORM CH	DATE	DATE		
			10/13/201	4
TO: County Welfare Din Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offic		Management Unit	
Listed below is information re	garding a form change	. Only applicable information is	shown.	
This notice updates your Ca	lifornia Department of S	Social Services (CDSS) County	Forms Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 1 Notice To All Ca	alFresh Recipients		
	K Free Sold	ESTIMATED PRICE		
		REPLACES		NO
New X Revised	9/14	1/13	Obsole	te
REQUIRED FORM-	REQUIRED FORM-	With Prior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STO				
Department of Social Services Warehouse				
P.O. Box 980788 West Sacramento, CA 95798-0788				
	0-0700	INTRANET:		
	FORMS DISPOS	ITION AND SPECIAL INSTRU	CTIONS	
ISPOSITION OF OLD SUPPLY		X Destroy		
USE NEW FORM	n DSS Warehouse	Use new form effective	9/14	
	p://inet.dss.ca.gov/wm7	7_landn/EntRes/getinfo/acl/201	4/14-66.pdf	
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
http://www.cdss.ca.gov/c	dssweb/entres/forms/E	nglish/CF1.pdf		
http://www.cdss.ca.gov/le	ettersnotices/EntRes/ge	etinfo/acl/2014/14-66.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.