NOTICE OF FORM CHANGE NO. 14-100					DATE	
			·		10/23/2014	
TO:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other			FROM: Fo	orms Managemer	nt Unit	
Listed below is information re	egarding a form change. (	Only applica	able informatio	on is shown.		
This notice updates your Ca	lifornia Department of So	cial Service	es (CDSS) Co	unty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 215 (9/14) - CalFresh	Notification	Of Inter-County	Transfer		
ORDER UNIT	X Free ☐ Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes X No	
☐ New X Revised	DATE OF FORM 9/14	REPLACES 8/13			Obsolete	
REQUIRED FORM-	REQUIRED FORM-	Nith Drian D	CC Approval	□ Decemmende	d Form	
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form  UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: □ OTHER:						
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	☑ INTERNET: http://www.cdss.ca. ☑ 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 immediately						
SE FORM IN ACCORDANCE WITH  All County Letter No. 14	1-66					
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/d	cdssweb/entres/forms/Eng	glish/CF215	.pdf			
http://www.cdss.ca.gov/le	ettersnotices/EntRes/geti	nfo/acl/2014	4/14-66.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.