

NOTICE OF FORM CHANGE NO. 15-114

DATE

05/13/2015

TO:

County Welfare Director
 Supply Clerk / Forms Coordinator
 Community Care Licensing District Offices
 District Attorney
 Private and Public Adoption Agencies
 Other

FROM:

Forms Management Unit

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE			
CF 37 (12/14) - Recertification For CalFresh Benefits CF 37 (5/15) - Recertification For CalFresh Benefits			
ORDER UNIT	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 4/15	REPLACES 12/14	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted <input type="checkbox"/> Substitute Permitted With Prior DSS Approval <input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> INTERNET: <input type="checkbox"/> INTRANET:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>Refer to ACL</u>
USE FORM IN ACCORDANCE WITH	
<input checked="" type="checkbox"/> All County Letter No. ACL 14-101	
<input type="checkbox"/> Other (specify)	
ADDITIONAL INFORMATION REGARDING FORM CHANGE	

Minor changes were made to CF 37 (12/14)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF37.pdf>

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-101.pdf>