NOTICE OF FORM CHANGE NO. 15-223			DATE
			09/28/2015
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM:	Forms Managemer	nt Unit
Listed below is information regarding a form change. Or	nly applicable informa	tion is shown.	
This notice updates your California Department of Social	al Services (CDSS) (	County Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE CF 377.7B (2/14) - CalFi Only	resh Overissuance N	otice For Inadvertent	Household Errors (IHE)
ORDER UNIT	ESTIMATED PRICE		INITIAL SUPPLY SENT
Date of Form     New   Revised     2/14	REPLACES		Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted Wi	th Driar DSS Approve	I Recommende	d Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY	Destroy		
use New FORM ☐ When supply available in DSS Warehouse Ⅹ Use	new form effective	Immed	diately
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FORM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377\_7B.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