NOTICE OF FORM CHANGE NO. 15-226		DATE
		11/3/2015
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Managemer	<u> </u>
Listed below is information regarding a form change. Only ap	plicable information is shown.	
This notice updates your California Department of Social Ser	rvices (CDSS) County Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE CF 500 (10/15) - Informationa	l Notice To CalFresh Recipients	
	MATED PRICE	INITIAL SUPPLY SENT
DATE OF FORM REPLA	ore.	Yes No
New Revised 10/15	ices	Obsolete
REQUIRED FORM-	D004	. –
No Change Permitted		
Department of Conicl Comics Warshaues		
P.O. Box 980788		
West Sacramento, CA 95798-0788		
	ND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy		
USE NEW FORM		
☐ When supply available in DSS Warehouse ☐ Use new form effective Refer to ACL		to ACL
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No. 15-90		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF500.pdf		
http://inet.dss.ca.gov/wm7_landn/EntRes/getinfo/acl/2015/	15-90.pdf	
Camera-ready copies are currently available on the CDSS In http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may		<i>I</i> .

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

GEN 127 (3/02)