

NOTICE OF FORM CHANGE NO. 04-171

DATE

06-17-2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

- Community Care Licensing District Offices
 Private and Public Adoption Agencies

- District Attorney
 Other

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

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **DFA 377.1 QR (7/03) English and Spanish
Food Stamp Notice of Approval for Change Reporting Household**

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 7/03	REPLACES	<input checked="" type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788**

 Other:**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 _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify) ACIN I-25-04

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This form will be replaced by the QR 377.1 (4/04).

Counties are encouraged to use up any stock they may currently have of the DFA 377.1QR before implementing the new form. If you have any question regarding this letter, please contact the Policy Implementation Unit at (916) 654-1896.