

NOTICE OF FORM CHANGE NO. 04-172

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 377.2 QR (3/04) English and Spanish**
Food Stamp Notice of Expiration of Certification 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 3/04 | REPLACES | <input checked="" type="checkbox"/> Obsolete |

REQUIRED FORM- No Change Permitted 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 377.2 (4/04).

Counties are encouraged to use up any stock they may currently have of the DFA 377.2QR before implementing the new form. If you have any question regarding this letter, please contact the Policy Implementation Unit at (916) 654-1896.