

NOTICE OF FORM CHANGE NO. 05-118

DATE

09-14-2005

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 **TEMP 2224 (9/05) English and Spanish
Application For Food Stamp Benefits For Evacuees Of Hurricane Katrina**

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 9/05	REPLACES	<input 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 9/05

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify) ACIN I- 55-05

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, one sided.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

APPLICATION FOR FOOD STAMP BENEFITS FOR EVACUEES OF HURRICANE KATRINA

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)		COUNTY USE ONLY	
2. MAIDEN OR OTHER NAME (IF ANY)		CASE NAME	
3. CURRENT ADDRESS: NUMBER STREET		CASE NUMBER	
CITY STATE ZIP CODE		DATE RECEIVED	
4. MAILING ADDRESS (IF DIFFERENT)		Verification Yes No <input type="checkbox"/> <input type="checkbox"/>	
CITY STATE ZIP CODE		Sworn Statement <input type="checkbox"/>	
5. TELEPHONE NUMBER(S): HOME ()		MESSAGE ()	
6. Were you a resident of an area affected by Hurricane Katrina on August 29, 2005? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, what city, county/parish and state are you from?			
7. How many persons are you applying for who are also evacuees of Hurricane Katrina and who are with you now? _____			
County Use/Comments			
<ul style="list-style-type: none"> I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete. 			
8. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE		DATE SIGNED	COUNTY OF APPLICATION
SIGNATURE OF WITNESS TO MARK OR INTERPRETER		DATE SIGNED	COUNTY OF RESIDENCE (IF DIFFERENT)

SOLICITUD PARA BENEFICIOS DE ESTAMPILLAS PARA COMIDA PARA LOS DESPLAZADOS POR EL HURACAN KATRINA

1. NOMBRE DEL SOLICITANTE (NOMBRE, INICIAL DEL NOMBRE QUE USA EN MEDIO, APELLIDO)		SOLO PARA USO DEL CONDADO	
2. NOMBRE DE SOLTERA U OTRO NOMBRE (SI HA USADO ALGUNO)		CASE NAME	
3. DIRECCION ACTUAL: NUMERO CALLE		CASE NUMBER	
4. DIRECCION PARA RECIBIR CORREO (SI ES DIFERENTE)		DATE RECEIVED	
CIUDAD ESTADO CODIGO POSTAL	CIUDAD ESTADO CODIGO POSTAL		
5. NUMERO(S) DE TELEFONO: HOGAR ()	MENSAJES ()	Verification	Yes No <input type="checkbox"/> <input type="checkbox"/>
6. El 29 de agosto de 2005, ¿era usted residente de una área afectada por el Huracán Katrina ? <input type="checkbox"/> SI <input type="checkbox"/> NO Si su respuesta es "SI", ¿de qué ciudad, condado (<i>county/parish</i>) y estado viene?		Sworn Statement <input type="checkbox"/>	
7. ¿Para cuántas personas desplazadas por el Huracán Katrina que están ahora con usted está solicitando los beneficios? _____			
Solo para uso del condado County Use/Comments			
<ul style="list-style-type: none"> • Declaro bajo pena de perjurio, de acuerdo a las leyes de los Estados Unidos de América y del Estado de California, que la información que he dado en este formulario es verdadera, correcta, y completa. 			
8. FIRMA (O MARCA) DEL SOLICITANTE O REPRESENTANTE AUTORIZADO		FECHA EN QUE FIRMO	COUNTY OF APPLICATION
FIRMA DEL TESTIGO A LA MARCA O FIRMA DEL INTERPRETE		FECHA EN QUE FIRMO	COUNTY OF RESIDENCE (IF DIFFERENT)