

**NOTICE OF FORM CHANGE NO. 08-084**

DATE

07-03-2008

**TO:**

County Welfare Director  
 Supply Clerk / Forms Coordinator  
 Community Care Licensing District Offices  
 District Attorney  
 Private and Public Adoption Agencies  
 Other

**FROM:**

Forms Management Unit  
 (916) 657-1907

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

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE		FS 13 ENG/SP (9/99) Notice To All Food Stamp Household Members Who Must Pay Child Support	
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 9/99	REPLACES	<input checked="" type="checkbox"/> <b>Obsolete</b>
REQUIRED FORM- <input type="checkbox"/> No Change Permitted		REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval <input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> OTHER: <input type="checkbox"/> INTERNET: <input type="checkbox"/> INTRANET:	

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input type="checkbox"/> Use new form effective _____
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form has been obsoleted