NOTICE OF FORM CHANGE NO. 08-085		DATE
		07-09-2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offic District Attorney Private and Public Adoption Agencies Other	(916) 657-	nagement Unit 1907
Listed below is information regarding a form change	Only applicable information is show	rn.
This notice updates your California Department of S	Social Services (CDSS) County Form	ıs Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE QR 377.2 (5/08) Food Stamp Notice C	Of Expiration Of Certification	INITIAL SUPPLY SENT
MASTER ONLY Sold	ESTIMATED PRICE	Yes No
☐ New ☐ Revised DATE OF FORM 5/08	REPLACES 4/04	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- REQUIRED FORM- Substitute Perr	mitted 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: ☐ INTERNET: ☐ INTRANET:	
FORMS DISPOS	ITION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Substitution Of OLD SUPPLY Disposition OF OLD SUPPLY DISPOSITION OF OLD SUPPLY	Destroy	
use NEW FORM When supply available in DSS Warehouse	□ Use new form effective	
USE FORM IN ACCORDANCE WITH		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/forms/	/English/OD277 2 2 DDE	

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

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