NOTICE OF FORM CH	ANGE NO. 08-086				DATE 07-09-2008	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657-		nt Unit	
Listed below is information re	garding a form change. C	Only applicat	ole information is show	vn.		
This notice updates your Ca	ifornia Department of Soc	cial Services	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	FS 29 (5/08) Food Stamp Recertifica	ation Appoin	tment Letter			
ORDER UNIT MASTER ONLY	🖂 Free 🗌 Sold	ESTIMATED F	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 5/08	REPLACES	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-	tod With Dri			emmended Form	
 No Change Permitted Substitute Permittee UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 			ed With Prior DSS Approval Recommended Form OTHER: INTERNET: INTRANET:			
	FORMS DISPOSITI	ION AND S	PECIAL INSTRUCTIO	DNS		
DISPOSITION OF OLD SUPPLY			troy			
se New FORM		🖂 Use	igvee Use new form effective		5/08	
USE FORM IN ACCORDANCE WITH Mail County Letter No. 08 Other (specify)	-29					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/FS29.pdf

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.