

**NOTICE OF FORM CHANGE NO. 09-005**

DATE

03-16-2009

**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 26 (3/05) English and Spanish Food Stamp Program Qualifying Drug Felon Addendum	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT	
MASTER ONLY		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold			
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input checked="" type="checkbox"/> <b>Obsolete</b>
	3/05		
REQUIRED FORM-	REQUIRED FORM-		
<input type="checkbox"/> No Change Permitted	<input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	<input type="checkbox"/> OTHER:		
<b>Department of Social Services Warehouse</b>	<input type="checkbox"/> INTERNET:		
<b>P.O. Box 980788</b>	<input type="checkbox"/> INTRANET:		
<b>West Sacramento, CA 95798-0788</b>			

**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)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

**FORM IS NOW OBSOLETE**