NOTICE OF FORM OU			[=		
NOTICE OF FORM CHANGE NO. 09-017				DATE 05-13-2009	
					03-13-2009
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-		t Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Forn	ns Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FS 27 (7/08) English and Spanish Non-Assistance Food Stamps (NAFS) Household Recertification Form					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  Yes No
New □ Revised	DATE OF FORM 7/08	REPLACES			☐ Obsolete
REQUIRED FORM-  No Change Permitted  Substitute Permitted With Prior DSS Approval  REQUIRED FORM-  REQUIRED FO					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	stroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		☑ Use new form effective 7/08		7/08	
SE FORM IN ACCORDANCE WITH   ☐ All County Letter No. 08  ☐ Other (specify)	-32				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		lish/FS27	.pdf		

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/FS27SP.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.