NOTICE OF FORM CHANGE NO. 09-018					DATE
				05-19-2009	
County Welfare Direct Supply Clerk / Forms Community Care Licet District Attorney Private and Public Ad Other	FR	OM: Forms Mai (916) 657-		nt Unit	
Listed below is information rega	rding a form change. On	ly applicable in	formation is show	/n.	
This notice updates your Califo	rnia Department of Socia	al Services (CD	SS) County Form	ns Catalo	g (PUB 69).
	QR 285B (8/07) Food Stamp Budget Wor	ksheet			
	☐ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT ☐ Yes ☐ No
	TE OF FORM 07	REPLACES 11/06		Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted 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 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	8/07	
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM C http://www.dss.cahwnet.gov/cd		lish/QR285B.F	DF		

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.