NOTICE OF FORM CHANGE NO. 09-022					D. 75
NOTICE OF FORM CHA	ANGE NO. 09-022				06-23-2009
TO: County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public of Other	S	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 Soc	cial Service	s (CDSS) County Forn	ns Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FS 28 Coversheet (10/08) English and Spanish Food Stamp Program Restricted Account Coversheet					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No	
⊠ New ☐ Revised	DATE OF FORM 10/08	REPLACES	REPLACES		Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- 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		⊠ INTE	☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
Use until exhausted		_ Des	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠Us	☑ Use new form effective 10/08		
Section IN ACCORDANCE WITH Section All County Letter No. I-8 Other (specify)	3-08				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		nglish/FS28	Cover.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 by e-mail at fmudss@dss.ca.gov.

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/FS28CoversheetSP.pdf

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