NOTICE OF FORM CHANGE NO. 09-023				DATE
NOTICE OF FORM CHANGE NO. 09-023				06-23-2009
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-	•	nt Unit
Listed below is information regarding a form change.	Only applicab	le information is show	vn.	
This notice updates your California Department of S	Social Services	(CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FS 28A (10/08) English Food Stamp Program			rt A	
ORDER UNIT	ESTIMATED PR	ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY Free Sold	DEDI ACEC	REPLACES		☐ Yes ⊠ No
New ☐ Revised 10/08	REPLACES	REPLACES		Obsolete
REQUIRED FORM-				
No Change Permitted				commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788				
		RNET:		
West Sacramento, CA 95798-0788	Sacramento, CA 95798-0788			
FORMS DISPOSI	ITION AND SP	ECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY Supply Use until exhausted	☐ Dest	Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ U		new form effective	10/08	
USE FORM IN ACCORDANCE WITH				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE				
http://www.dss.cahwnet.gov/cdssweb/entres/forms/l	English/FS28A	.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/FS28A_SP.pdf

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