NOTICE OF FORM CHANGE NO. 09-024					DATE
					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 re	garding a form change. On	nly applica	ble information is shov	vn.	
This notice updates your Cal	lifornia Department of Socia	al Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	FS 28B (10/08) English a Food Stamp Program Re			rt B	
		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	Free Sold	REPLACES			☐ Yes ☐ No
⊠ New ☐ Revised	10/08	REPLACES		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		ОТН	IER:		
		⊠ INTERNET:			
West Sacramento, CA 95798-0788		☐ INTRANET:			
	FORMS DISPOSITION	N AND S	SPECIAL INSTRUCTION	NS	
DISPOSITION OF OLD SUPPLY Supply Use until exhausted		_ Des	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective 10/08		10/08	
USE FORM IN ACCORDANCE WITH	33-08				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		ılish/FS28	B.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/FS28B_SP.pdf

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