NOTICE OF FORM CHANGE NO. 09-033				DATE
				10-06-2009
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme (916) 657-1907	nt 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 Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	QR 7A (8/09) How to Fill Out Your QR	7 Quarte	rly Eligibility/Staus Report For C	ash Aid and Food Stamps
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ⊠ Revised	DATE OF FORM 8/09	REPLACES 4/03		☐ 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			IER: ERNET: RANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse			e new form effective	
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) AC	CIN I-64-09			
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		lish/QR7/	A.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 fmudss@dss.ca.gov.

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