NOTICE OF FORM CHANGE NO. 09-069						DATE	
						12-29-2009	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Man (916) 657-1	•	nt Unit	
Listed below is information re	garding a forr	n change. Or	nly applica	able information is show	'n.		
This notice updates your Ca	lifornia Depart	ment of Soci	al Service	es (CDSS) County Form	is Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	FS 26 (12/0 Food Stam	,		Drug Felon Addendum			
MASTER ONLY			ESTIMATED PRICE				
		REPLACES			Yes No		
\Box New \Box Revised	12/09		8/09			Obsolete	
REQUIRED FORM-			ed With F	Prior DSS Approval	Re	ecommended 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	DISPOSITIC		SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY				stroy	_		
USE NEW FORM			☐ Use new form effective I-89-		I-89-0	9	
USE FORM IN ACCORDANCE WITH All County Letter No. I-8	9-09						
ADDITIONAL INFORMATION REGARDING FOI							
ADDITIONAL INFORMATION ILEGRIZDING FOR							

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/FS26.pdf

Camera-ready copies are currently available on the CDSS Internet. Go to http://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.