NOTICE OF FORM CHANGE NO. 09-070				DATE
				12-29-2009
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		rms Managemen 6) 657-1907	t Unit	
Listed below is information re	garding a form change. Or	nly applicable informatio	n is shown.	
This notice updates your Ca	ifornia Department of Soci	al Services (CDSS) Cou	ınty Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE ORDER UNIT	FS 27 (12/09) Non-Assistance Food St	amps (NAFS) Househol	d Recertification F	Orm INITIAL SUPPLY SENT
MASTER ONLY Sold Stimated Price			Yes No	
☐ New ☐ Revised	DATE OF FORM 12/09	REPLACES 7/08		☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:		
Department of Social Services Warehouse P.O. Box 980788		☑ INTERNET:		
West Sacramento, CA 95798-0788		☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Use new form ef	fective <u>I-89-09</u>)
USE FORM IN ACCORDANCE WITH All County Letter No. I-8	9-09			
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	glish/FS27.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.