NOTICE OF FORM CHANGE NO. 12-060		DATE
		06-26-2012
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		nagement Unit
Listed below is information regarding a form change.	Only applicable information is sho	wn.
This notice updates your California Department of So	ocial Services (CDSS) County For	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE DFA 377.7B (6/11) Er CalFresh Overissuand	nglish and Spanish ce Notice For Inadvertent Househo	old Errors Only
ORDER UNIT  MASTER ONLY  Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	REPLACES	☐ Yes ☐ No
☐ New ☐ Revised 6/11	2/11	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Pern	nitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788	☐ OTHER: ☑ INTERNET:	
West Sacramento, CA 95798-0788	☐ INTRANET:	
	TION AND SPECIAL INSTRUCTION	ONS
DISPOSITION OF OLD SUPPLY  Use until exhausted	⊠ Destroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse	☐ Use new form effective	
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No.		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/Englis	h/DFA377_7B.pdf	
http://www.cdss.ca.gov/cdssweb/entres/forms/Spanis	sh/DFA377_7BSP.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.