NOTICE OF FORM CHANGE NO. 12-063			DATE
			06-26-2012
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Manage	ment Unit
Listed below is information reg	garding a form change. On	nly applicable information is shown.	
This notice updates your Cali	fornia Department of Socia	al Services (CDSS) County Forms Ca	talog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	DFA 377.7F (4/11) Englis CalFresh Overissuance I	sh and Spanish Notice For An IPV Or Status Change I	From Inadvertent Household
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes  ☐ No
	DATE OF FORM 4/11	REPLACES 2/11	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  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		<ul><li>□ OTHER:</li><li>⋈ INTERNET:</li><li>□ INTRANET:</li></ul>	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIONS	
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 http://www.cdss.ca.gov/cdssw		DFA377.7F.PDF	
http://www.cdss.ca.gov/cdssw	reb/entres/forms/Spanish/l	DFA377_7FSP.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.