DEPARTMENT OF SOCIAL SERVICES 744 P Street, Sacramento, CA 95814



May 22, 1992	Reason for this Transmittal
ALL COUNTY INFORMATION NOTICE I-26-92	
TO: ALL COUNTY WELFARE DIRECTORS	Agreement [] Clarification Requested by
SUBJECT: FOOD STAMP FORM REVISION	One or More Counties [X] Initiated by SDSS

The purpose of this letter is to transmit a camera-ready copy of the revised FS 3 (5/92). The revision reflects a new mail station (M.S. 12-52) for the State Department of Social Services (SDSS) Food Stamp Policy Implementation Unit (FSPIU). The FS 3 is used by counties to request a written policy interpretation from the FSPIU.

STOCK

The DSS Warehouse will no longer stock the above form. Instead, single camera-ready copies of this form will be available from which counties may produce the appropriate number of forms for their needs. Additional or replacement camera-ready copies can be obtained by contacting the SDSS Forms Management Unit at (916) 657-1907 or CALNET 437-1907.

NOTE:

- o This form is recommended.
- O Counties may continue to use the old forms until stock is depleted.

 However, to facilitate processing, please pencil in the new mail station,
 M.S. 12-52, at the top of the form.

If you have any questions regarding the FS 3, please contact Suzanne McNamee of the Food Stamp Program Bureau at (916) 657-3815 or CALNET 437-3815.

MICHAEL C. GENEST Deputy Director

Welfare Program Division

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Attachment

cc: CWDA

FOOD STAMP POLICY QUESTION

INSTRUCTIONS: Complete only items 2,3,4,6, and 9 of the form. Use a separate form for each

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1. FSPIU LOG N	JMBER				
EXCLUSION COC	DE, IF APPLICABLE				
APPROVED BY /	DATE				
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subject. Retain a copy of the FS 3 for Implementation Unit, 744 P Street, M.S 2 MANUAL REFERENCE					
3. SUBJECT					
4. REQUESTED BY (NAME AND COUNTY)			5. ANSWERED BY		
ADDRESSMAIL STATION		TELEPHONE NUMBER			
DATE REQUESTED	7. DATE ANSWER	ED	8. FSQUAD DA	TE .	
9. QUESTION					
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O. ANSWER (FSPIU USE ONLY)					
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