NOTICE OF FORM CHANGE NO. 05-060 ERRATA					DATE 04-27-2005	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907			
☐ Community Care Licens ☐ Private and Public Adop	_		District Attorney Other			
Listed below is information re This notice updates your Dep				vn.		
FORM NUMBER AND TITLE FS 23 QF	R (3/05) English and Span mp Benefits - How to Rep	ish				
ORDER UNIT PAD	⊠ Free ☐ Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT  ☐ Yes  ☐ No	
☐ New ⊠ Revised	DATE OF FORM 3/05	REPLACES 12/04 &	REPLACES 12/04 & 5/04		☐ Obsolete	
INDESS OTHERWISE SPECIFIED STO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	ted With Pr	ior DSS Approval	Red	commended Form	
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTION	ONS		
sposition of old supply  ☑ Use until exhausted		☐ De	stroy			
SE NEW FORM  ☐ When supply available in DSS Warehouse		⊠Use	⊠ Use new form effective when		vailable in warehouse	
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No.  ☐ Other (specify)						
Additional information regarding for Attached is a Reproducible C						
Print form: 8 1/2 x 11, 2 side	d, pads in 100.					
This form in english and spar	nish are printed in pads of	100.				

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.