NOTICE OF FORM CHANGE NO. 12-024			DATE
			01-25-2012
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 re	egarding a form change. Or	nly applicable information is shown.	
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS) County Forms Ca	atalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	DFA 377.7A1 (1/12) Request For Restoration	Of CalFresh Benefits After Administr	ative Disqualification
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		Yes 🛛 No
oxtimes New $oxtimes$ Revised	DATE OF FORM 1/12	REPLACES	☐ 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 West Sacramento, CA 95798-0788		INTERNET:	
		INTRANET:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		Use new form effective	efer to 12-06
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	snotices/entres/getinfo/acl/2012/12-0	6.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/E	DFA377.7A1.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.