NOTICE OF FORM CHANGE NO. 12-050		DATE
		05-16-2012
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 regarding a form change. O	nly applicable information is shown.	
This notice updates your California Department of Soc	cial Services (CDSS) County Forms Ca	atalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE CF 24 (4/12) CalFresh (CF) Program	Request For Policy/Regulation Interpr	retation
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold		☐ Yes ☐ No
New ☐ Revised A/12	REPLACES	☐ Obsolete
REQUIRED FORM-		
No Change Permitted □ Substitute Permit	tted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	☐ OTHER:	
Department of Social Services Warehouse	☐ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY  Use until exhausted	☐ Destroy	
use NEW FORM  When supply available in DSS Warehouse	$\boxtimes$ Use new form effective re	fer to I-24-12
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify) http://www.cdss.ca.gov/lette	rsnotices/entres/getinfo/acin/l-24_12.p	df
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
This is an English only form.		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/	CF24.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.