NOTICE OF FORM CHANGE NO. 12-077					DATE
					09-21-2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemer	nt Unit
Listed below is information re	garding a form change. O	nly applica	ble information is show	n.	
This notice updates your Cal	ifornia Department of Soc	ial Service	s (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FS 11 (9/12) English and Spanish Notice To All CalFresh Recipients - Important - Please Read					
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	DATE OF FORM	REPLACES			☐ Yes ☐ No
\square New \boxtimes Revised	9/12	9/11			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			☐ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse			□ Use new form effective Refer to I-46		to I-46-12
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
○ Other (specify) ht	tp://www.cdss.ca.gov/lette	ersnotices/e	entres/getinfo/acin/2012	2/I-46_12	2.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/FS11_ENG_SP.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.