NOTICE OF FORM CHANGE NO. 13-029			DATE
			04-26-2013
District Attorney			nagement Unit
Listed below is information re	egarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	FS 27 (3/10)		
	Non-Assistance Food S	tamps (NAFS) Household Recert	ification Form
ORDER UNIT ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY			☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 3/10	REPLACES	⊠ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permit	ted With Prior DSS Approval	□ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:	
Department of Social Service	ces Warehouse	☐ INTERNET:	
P.O. Box 980788 West Sacramento, CA 9579	<b>8</b> _0788	☐ INTRANET:	
======================================		INTRANET.	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	NS
Use until exhausted		⊠ Destroy	
use NEW FORM  When supply available in	n DSS Warehouse	☐ Use new form effective	
USE FORM IN ACCORDANCE WITH			
$\square$ All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
FS 27 has been replaced by	CF 27 (2/13)		
http://www.adaa.aa.aa.aa/adaa		0505 16	
http://www.cdoc.co.go.y/odoc	won/ontrod/tormo/L nalich/	( ) ( ) ( ) ( ) ( )	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF27.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.