NOTICE OF FORM CHANGE NO. 13-030		DATE
		04-26-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is shown	Դ.
This notice updates your California Department of S	ocial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE CF 27 (2/13) Non-Assistance CalF	resh (NACF) Household Recertification	on Form
ORDER UNIT MASTER ONLY Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
New ☐ Revised DATE OF FORM 2/13	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted	mitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	TION AND SPECIAL INSTRUCTION	
DISPOSITION OF OLD SUPPLY Use until exhausted	Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE CF 27 (2/13) Replaces the FS 27 (3/10)		
http://www.cdss.ca.gov/cdssweb/entres/forms/Englis	sh/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.