NOTICE OF FORM CHANGE NO. 13-065				DATE
				07/12/2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			/lanagemer	nt Unit
Listed below is information reg	garding a form change. O	nly applicable information is sl	nown.	
This notice updates your Cali	fornia Department of Soc	ial Services (CDSS) County F	orms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 29 (6/13) CalFresh Recertification	Appointment Letter		
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free □ Sold			☐ Yes
⊠ New ☐ Revised	DATE OF FORM 6/13	REPLACES		☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With Prior DSS Approval	□Re	ecommended 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 SPECIAL INSTRUC	TIONS	
Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective refer to 13-57		
USE FORM IN ACCORDANCE WITH All County Letter No. http Other (specify) ADDITIONAL INFORMATION REGARDING FOR		rsnotices/EntRes/getinfo/acl/2	013/13-57.p	df
	M CHANGE	0500 - 16		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF29.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.