NOTICE OF FORM CHANGE NO. 13-067					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			FROM: Forms Man	agemer	nt Unit	
Listed below is information re	egarding a form change. O	nly applica	able information is show	'n.		
This notice updates your Ca	lifornia Department of Soc	ial Service	es (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 285 SAR (6/13)					
	CalFresh Budget Works	heet/Sem	i-Annual Reporting Hou	seholds		
ORDER UNIT		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free □ Sold				☐ Yes ☐ No	
New □ Revised	DATE OF FORM 6/13	REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-			M -		
			ed With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			☐ OTHER:			
Department of Social Services Warehouse P.O. Box 980788						
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse		⊠ Us	☐ Use new form effective refer to 13-57			
USE FORM IN ACCORDANCE WITH						
✓ All County Letter No. htt✓ Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/E	EntRes/getinfo/acl/2013	/13-57.po	df	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.cdee.ca.gov/cdee	web/entres/forms/English/	CE285SAF	2 ndf			

nttp://www.cdss.ca.gov/cdssweb/entres/forms/English/CF285SAR.pd

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.