NOTICE OF FORM CHANGE NO. 13-079			DATE
			07/23/2013
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Mana	gement Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE EFA 14 (5/13) English and Spanish Emergency Food Assistance Program (EFAP) 2013 Income Guidelines			
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE	
$\Box$ New $\Box$ Revised	DATE OF FORM 5/13	REPLACES 5/12	□ Obsolete
REQUIRED FORM- No Change Permitted  Required Form-  Required Form- Required Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	May 2013
USE FORM IN ACCORDANCE WITH			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FORM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/EFA14.pdf			

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/EFA14SP.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.