NOTICE OF FORM CHANGE NO. 13-101					DATE
					09/12/2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nageme	nt Unit
Listed below is information re	garding a form change. C	Only applica	able information is show	/n.	
This notice updates your Cal	lifornia Department of So	cial Service	es (CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 23 CR (9/13) CalFresh Benefits How				
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No
New ☐ Revised	DATE OF FORM 9/13	REPLACES	REPLACES		☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permi			□R€	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			☐ OTHER: ☐ INTERNET: ☐ INTRANET:		
		<u> </u>			
DISPOSITION OF OLD SUPPLY	FORMS DISPOSIT	ION AND S	SPECIAL INSTRUCTIO	NS	
Use until exhausted			☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse			☐ Use new form effective Refer to ACL 13-74		
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lette	ersnotices/E	EntRes/getinfo/acl/2013	3/13-74.p	odf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF23CR.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.