NOTICE OF FORM CHA	ANGE NO. 07-059		DATE 07-18-2007
TO: County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public A Other	ns Coordinator censing District Offices	FROM: Forms Mana (916) 657-19	
Listed below is information reg	garding a form change. On	ly applicable information is shown.	
This notice updates your Calif	ornia Department of Social	I Services (CDSS) County Forms (	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 373 (5/07) English a Important Food Stamp In	and Spanish Iformation For Noncitizens	
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
New Revised	DATE OF FORM 5/07	REPLACES 1/04	Obsolete
REQUIRED FORM-	REQUIRED FORM-	ed 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		<ul> <li>□ OTHER:</li> <li>☑ INTERNET:</li> <li>□ INTRANET:</li> </ul>	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	S
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM	DSS Warehouse	Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE		
http://www.dss.cahwnet.gov/	cdssweb/On-lineFor_295.h	ntm#pub13	
http://www.dss.cahwnet.gov/c	dssweb/SpanishTra 275.h	ntm#SP-P	

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.