NOTICE OF FORM CHANGE NO. 10-010			DATE
			02-26-2010
District Attorney		FROM: Forms Management Unit	
Listed below is information re	egarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	DFA 377.7B (11/09) Food Stamp Repaymen	t Notice For Inadvertent Househol	d Errors Only
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		Yes No
\Box New \Box Revised	DATE OF FORM 11/09	REPLACES 12/03	□ Obsolete
REQUIRED FORM-		· · · · · · · · · · · · · · · · · · ·	
No Change Permitted		ted With Prior DSS Approval	Recommended 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 DISPOSITI	ON AND SPECIAL INSTRUCTION	٧S
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		oxtimes Use new form effective	2-25-10
All County Letter No.			
\boxtimes Other (specify) A(CIN I-09-10		
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/End	alish/DFA377_7B.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.