NOTICE OF FORM CHANGE NO. 10-027			DATE
			07-27-2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			agement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	٦.
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	QR 2104 (6/10)		
	Food Stamp Notice Of F	Restoration Approval	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	🛛 Free 🗌 Sold		🗌 Yes 🛛 No
🛛 New 🗌 Revised	date of form 6/10	REPLACES	□ Obsolete
REQUIRED FORM-			
□ No Change Permitted Substitute Permitted With Prior DSS Approval □ Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			
Department of Social Services Warehouse		INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	VS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	Date of ACL
USE FORM IN ACCORDANCE WITH			
imes All County Letter No. 10	-32		
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/QR2104.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.