NOTICE OF FORM CHANGE NO. 10-036			DATE
			8/6/2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		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	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2245 (8/10) Multi Important Information A	lingual bout Electronic Benefit Transfer (l	EBT)
ORDER UNIT		ESTIMATED PRICE	
MASTER ONLY	Free Sold		
$\square$ New $\square$ Revised	DATE OF FORM 8/10	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted 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			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) I-68-10			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP2245.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.