NOTICE OF FORM CHANGE NO. 10-047			DATE
			11-09-2010
District Attorney			agement 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	cial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2245 (10/10) Mu		
	, ,	bout Electronic Benefit Transfer (I	EBT)
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY			☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 10/10	REPLACES 8/10	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	We I With Brian BOO Assessed	
No Change Permitted		tted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		☐ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		M Daniel	
Use until exhausted		□ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH			
☐ All County Letter No.			
Other (specify) htt	tp://www.cdss.ca.gov/lette	rsnotices/entres/getinfo/acin/2010	/I-87_10.pdf
ADDITIONAL INFORMATION REGARDING FO	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.

Tom information of forms not instead in the catalog, you may contact I wo at middes @dos.ca.gov.

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