NOTICE OF FORM CHANGE NO. 10-048			DATE
			11-29-2010
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	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	FS 11C (11/10) ENG/SF Notice To All Food Starr	p PRecipients Important - Please F	Read
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		🗌 Yes 🖾 No
oxtimes New $oxtimes$ Revised	DATE OF FORM	REPLACES	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-		i
No Change Permitted	Substitute Permit	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		INTERNET:	
		INTRANET:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		oxtimes Use new form effective	see ACL 10-55
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/entres/getinfo/acl/2010/1	10-55.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	sweb/entres/forms/English/	FS11C_ENG-SP.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.