NOTICE OF FORM CHANGE NO. 11-027					DATE	
					03-18-2011	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			OM: Forms Man	nagemei	nt Unit	
Listed below is information re	garding a form change. Or	nly applicable ir	nformation is show	'n.		
This notice updates your Cal	lifornia Department of Soci	ial Services (CE	OSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	DFA 377.7B (2/11) CalFresh Overissuance	Notice For Inac	vertent Household	d Errors	Only	
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No	
□ New □ Revised	DATE OF FORM 2/11	REPLACES 9/10			☐ Yes ☐ No ☐ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM-	tad With Prior P	199 Approval	Пре	ecommended Form	
UNLESS OTHERWISE SPECIFIED STOP Department of Social Service P.O. Box 980788 West Sacramento, CA 95798	ed With Prior DSS Approval					
	FORMS DISPOSITION			NS		
DISPOSITION OF OLD SUPPLY	1 0110 2.01 001111					
Use until exhausted	⊠ Destroy					
□ When supply available in DSS Warehouse		☐ Use new form effective see		see A	CL 11-26	
USE FORM IN ACCORDANCE WITH		rsnotices/entres	/getinfo/acl/2011/	11-26.pd	lf	
ADDITIONAL INFORMATION REGARDING FOR	KIVI CHANGE					

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