NOTICE OF FORM CHANGE NO. 11-028			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			agement Unit
Listed below is information re	egarding a form change. O	only 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	DFA 377.7D1 (2/11)		
	CalFresh Overissuance	Notice For Administrative Errors	Only
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☐ Free ☐ Sold		☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 2/11	REPLACES 9/10	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted No Change Permitted	Substitute Permit	tted With Prior DSS Approval	☐ Recommended Form
		OTHER:	
Department of Social Service	ces Warehouse		
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	see ACL 11-26
•	tp://www.cdss.ca.gov/lette	rsnotices/entres/getinfo/acl/2011/	11-26.pdf
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	KIM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/DFA377.7D1.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.