NOTICE OF FORM CHANGE NO. 11-031					DATE
					03-21-2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	ageme	nt Unit
Listed below is information re	garding a form change. C	Only applica	ble information is show	n.	
This notice updates your Cal	ifornia Department of Soc	cial Service	s (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2245 (1/11) Mult	•	onic Benefit Transfer (E	EBT)	
ORDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	Free Sold	REPLACES			☐ Yes ☐ No
\square New \boxtimes Revised	1/11	10/10			☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	:44! \\\/:4!- D	nian DOC Amanas al		
No Change Permitted			rior DSS Approval		ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788			☐ OTHER: ☐ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITI	ION AND S	PECIAL INSTRUCTIO	NS	
Use until exhausted		⊠ Des	stroy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Us	☐ Use new form effective S		ACIN
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
Other (specify) htt	p://www.cdss.ca.gov/lette	ersnotices/e	entres/getinfo/acin/2011	/I-07_11	.pdf
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.