NOTICE OF FORM CHANGE NO. 11-060				DATE	
				06-03-2011	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Managem	ent Unit	
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Cal	lifornia Department of Soci	al Service	s (CDSS) County Forms Cata	alog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE FS 27 (3/10) Non-Assistance Food Stamps (NAFS) Household Recertification Form					
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes No	
WASTER ONLT	DATE OF FORM	REPLACES		☐ Yes ☐ No	
☐ New ☐ Revised	3/10	12/09		☐ Obsolete	
REQUIRED FORM- No Change Permitted Substitute Permitted UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTH	IER:	Recommended Form	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy		
USE NEW FORM When supply available in DSS Warehouse			se new form effective		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR					
http://www.cdss.ca.gov/cdss	http://www.cdss.ca.gov/cdssweb/entres/forms/English/FS27.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.