NOTICE OF FORM CHANGE NO. 11-061			DATE
			06-16-2011
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Manager	nent Unit
Listed below is information re	egarding a form change. Or	nly applicable information is shown.	
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Forms Cat	alog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP NA 1232 (6/11) M16-120A (6/11) and M	16-120B (6/11)	
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
\Box New $oxtimes$ Revised	DATE OF FORM	REPLACES old versions	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitt UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		ted With Prior DSS Approval	Recommended Form
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY		□ Destroy	
USE NEW FORM		Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
Food Stamps changed to Ca	IFresh.		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/ ⁻	TEMPNA1232.pdf	

http://www.cdss.ca.gov/cdssweb/NoticeofAc_2383.htm

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.