NOTICE OF FORM CHANGE NO. 11-127						DATE	
						11-01-2011	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies				FROM: Forms Mar	nageme	nt Unit	
Other							
Listed below is information re	garding a forr	n change. Or	nly applica	able information is show	'n.		
This notice updates your Ca	lifornia Depart	ment of Soci	al Service	es (CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	DFA 1239 (CalFresh N	,	oval/Deni	al/Termination Transition	onal Ben	efits	
ORDER UNIT ESTIMATED PRICE						INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold					☐ Yes		
New □ Revised	DATE OF FORM		REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FO						
	⊠ Subs	titute Permitt		Prior DSS Approval	∐ Re	ecommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				OTHER:			
Department of Social Services Warehouse				☑ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788				☐ INTRANET:			
	FORMS	DISPOSITIO	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted			☐ De	stroy			
USE NEW FORM ☐ When supply available in DSS Warehouse				se new form effective	refer t	to ACL 11-70	
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss	.ca.gov/letter	snotices/e	entres/getinfo/acl/2011/	11-70.pd	lf	
	DM CHANCE						
ADDITIONAL INFORMATION REGARDING FOR	KIVI CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/DFA1239.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.