NOTICE OF FORM CHANGE NO. 11-128			DATE
			11-01-2011
County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		nagement Unit
Listed below is information re	garding a form change. O	nly applicable information is sho	wn.
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) County For	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	DFA 386 (10/11) CalFresh Notice Of Miss	sed Interview	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☐ No
☐ New ☐ Revised	10/11	REPLACES 3/08	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM-	ted With Prior DSS Approval	Recommended Form
		OTHER:	recommended rom
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		☐ OTTLER.	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	ONS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	refer to 11-70
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lette	rsnotices/entres/getinfo/acl/2011	/11-70.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/DFA386.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.