NOTICE OF FORM CHANGE NO. 11-129				DATE	
				11-01-2011	
To:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM: Forms Mana	ageme	nt Unit		
Listed below is information re	garding a form change. O	nly applicable information is shown	n.		
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) County Forms	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	DFA 387 (10/11) CalFresh Request For I	nformation			
ORDER UNIT ESTIMATED PRICE				INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold			☐ Yes ⊠ No	
☐ New ☐ Revised	DATE OF FORM 10/11	REPLACES 3/02		☐ Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permit	ted With Prior DSS Approval	□R€	ecommended Form	
UNLESS OTHERWISE SPECIFIED STO	CK MAINTAINED AT:	☐ OTHER:			
Department of Social Service P.O. Box 980788	ces Warehouse	⊠ INTERNET:			
West Sacramento, CA 9579	8-0788	☐ INTRANET:			
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	NS		
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Destroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse		☐ Use new form effective refer to ACI 11-70			
USE FORM IN ACCORDANCE WITH  All County Letter No. htt  Other (specify)  ADDITIONAL INFORMATION REGARDING FOR		rsnotices/entres/getinfo/acl/2011/1	1-70.pd	lf	
Later //		DE 1207 DDE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/DFA387.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.