

NOTICE OF FORM CHANGE NO. 04-127

DATE

04/20/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE **FS 25 (3/04)**
Food Stamp Program QC Regulation Interpretation Request

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 3/04	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

Other:

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 3/04

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Print form: 8 1/2 x 11, one sided.

This form is in English only.

This form replaces the FS 3.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

**FOOD STAMP PROGRAM
QC REGULATION INTERPRETATION REQUEST**

INSTRUCTIONS: Complete items 1 -11 of the form. In item 10 include reason for the QC error. Use a separate form for each policy interpretation request. Retain a copy of the FS 25 for your records and submit the original to the Food Stamp Policy Implementation Unit, 744 P Street, M.S. 16-32, Sacramento, CA 95814.

1. REQUESTOR NAME:	5. COUNTY:
2. PHONE NO.:	6. SUBJECT:
3. REGULATIONS CITE(S):	7. REFERENCES:
4. DATE OF REQUEST:	8. DATE RESPONSE NEEDED:

9. CASE SCENARIO:

10. QUESTION:

11. PROPOSED COUNTY RESPONSE:

12. CDSS FSP POLICY RESPONSE (*FSPUI USE ONLY*):

CONSULT:	ANALYST:	DATE:
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