

DEPARTMENT OF BENEFIT PAYMENTS

744 P Street, Sacramento, CA 95814

(916) 445-3644



September 12, 1977

ALL-COUNTY LETTER NO. 77-39 (Prog. Support)

TO: ALL COUNTY WELFARE DIRECTORS
STATISTICAL REPORTS MANUAL HOLDERS
FOOD STAMP MANUAL HOLDERS

SUBJECT: REPORT ON REDUCTION/TERMINATION OF FOOD STAMP BENEFITS
(FORM FNS 285)

REFERENCE: MANUAL SECTIONS 26-327 and 63-9520

The information requested on Reduction/Termination of Food Stamp Benefits (Form FNS 285) is no longer required by this department. Regulations are currently being modified to delete the requirement of submission of this report.

Effective immediately discontinue submission of this report to the Program Information Bureau.

Sincerely,

A handwritten signature in cursive script, appearing to read "A. L. Reich".

A. L. REICH
Deputy Director

cc: C/DA