

NOTICE OF FORM CHANGE NO. 04-128

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 24 (3/04)

Food Stamp Program County Request for Regulation Interpretation

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

REQUIRED FORM-

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.

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.

