NOTICE OF FORM CHANGE NO. 12-015			DATE
			01-23-2012
District Attorney		FROM: Forms Manag	gement Unit
Listed below is information re	egarding a form change. O	nly applicable information is shown.	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AAP 4 (11/11) English Eligibility Certification A	doption Assistance Program	
ORDER UNIT MASTER ONLY	🛛 🖂 Free 🖂 Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
□ New ⊠ Revised	DATE OF FORM 11/11	REPLACES 7/11	
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted		ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788		□ INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTION	3
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	11/11
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	AAP4.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.