NOTICE OF FORM CHANGE NO. 12-025					DATE
					3/13/2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit		
Listed below is information re	egarding a form change	. Only applica	ble information is show	vn.	
This notice updates your Ca	lifornia Department of S	Social Service	s (CDSS) County Form	ns Catalog) (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	KG 3 (12/11) Kin-GAP Mutual Agre	eement For N	onminor Former Deper	ndents	
ORDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY					☐ Yes ☐ No
oxtimes New $oxtimes$ Revised	12/11	REPLACES	REFLACES		Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM-	mitted With P	rior DSS Approval	□ Rec	commended Form
			ER:		Sommended i omi
Department of Social Services Warehouse			RNET:		
P.O. Box 980788			INTRANET:		
West Sacramento, CA 95798-0788			KANET:		
	FORMS DISPOS	ITION AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	☐ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse			☐ Use new form effective imm		iately
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/Englis	sh/KG3.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.