NOTICE OF FORM CHANGE NO. 13-027		DATE
		4/18/2013
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change	e. Only applicable information is showr	n.
This notice updates your California Department of	Social Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AAP 7 (3/13) - Adop	tion Assistance Program Statement O	f Acknowledgment
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY Free Solo	REPLACES	☐ Yes ☐ No
□ New □ Revised 3/13	10/10	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- REQUIRED FORM- Substitute Pe	rmitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	☐ Recommended Form
Department of Social Services Warehouse	☐ UNIERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOS	SITION AND SPECIAL INSTRUCTION	IS
DISPOSITION OF OLD SUPPLY Use until exhausted	☐ Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective	3/13
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) Private and Public Adopt	tion Agencies	
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
Form is Master Only.		
AAP 7 (3/13) - Adoption Assistance Program Stater	ment Of Acknowledgment	
http://www.cdss.ca.gov/cdssweb/entres/forms/Engli	ish/aap7.pdf	
Camera-ready copies are currently available on the http://www.dss.cahwnet.gov/cdssweb/FormsandPu/Form information on forms not listed in the catalog,	_271.htm.	s.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.