NOTICE OF FORM CHANGE NO. 10-031					DATE
					07/20/2010
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mana	agemer	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).					
FORM NUMBER, REVISION DATE AND TITLE AAP 3 (6/10) - Reassessment Information-Adoption Assistance Program					
ORDER UNIT MASTER ONLY	Free Sold			INITIAL SUPPLY SENT  Yes No	
	ATE OF FORM 6/10	3/10		☐ Obsolete	
REQUIRED FORM-  REQUIRED FORM-  No Change Permitted  Substitute Permitted With Prior DSS Approval  Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTH	IER:		
Department of Social Services Warehouse P.O. Box 980788		⊠ INTE	ERNET:		
West Sacramento, CA 95798-0788		☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY		M <b>5</b>			
Use until exhausted			stroy		
USE NEW FORM  When supply available in DSS Warehouse		☐ Use new form effective 6/10			
USE FORM IN ACCORDANCE WITH  All County Letter No.					
☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM	1 CHANGE				
The web-link below is for the online form to be used for reproduction.					
http://www.cdss.ca.gov/cdssweb/entres/forms/English/AAP3.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.