NOTICE OF FORM CHANGE NO. 10-033		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 Manageme	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 AAP5 (3/10)- Adoptions Assistance Program Independent Adoptions Program		
	TIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY    Sold   DATE OF FORM   REF	PLACES	☐ Yes ☐ No
New ☐ Revised 3/10		☐ Obsolete
REQUIRED FORM-  No Change Permitted  Required Form-  Substitute Permitted 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 DISPOSITION AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY	7-	
Use until exhausted	Destroy	
□ When supply available in DSS Warehouse	☐ Use new form effective 3/10	
USE FORM IN ACCORDANCE WITH  All County Letter No.		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
The web-link below is for the online form to be used for reproduction.		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/AAP5.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.