| NOTICE OF FORM CHANGE NO. 11-012 | | | DATE |
|--|---|-------------------------------------|---------------------------------|
| | | | 3/02/2011 |
| District Attorney | | FROM: Forms Man | agement Unit |
| Listed below is information re | egarding a form change. Or | nly applicable information is show | n. |
| This notice updates your Ca | lifornia Department of Soci | al Services (CDSS) County Form | s Catalog (PUB 69). |
| FORM NUMBER, REVISION DATE AND TITLE | KG 2 (1/11) Statement of Payment (Kin-GAP) Prog | | Kinship Guardianship Assistance |
| ORDER UNIT | | ESTIMATED PRICE | INITIAL SUPPLY SENT |
| MASTER ONLY | ☐ Free ☐ Sold | | ☐ Yes ☒ No |
| ☐ New ☐ Revised | DATE OF FORM 1/11 | REPLACES 8/02 | ☐ Obsolete |
| REQUIRED FORM- | REQUIRED FORM- | | |
| No Change Permitted | | | |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: | | OTHER: | |
| Department of Social Services Warehouse P.O. Box 980788 | | | |
| West Sacramento, CA 95798-0788 | | ☐ INTRANET: | |
| | FORMS DISPOSITION | ON AND SPECIAL INSTRUCTIO | NS |
| Use until exhausted | | ☐ Destroy | |
| USE NEW FORM When supply available in DSS Warehouse | | ☐ Use new form effective | immediately |
| USE FORM IN ACCORDANCE WITH ☐ All County Letter No. 11 ☐ Other (specify) | -15 http://www.cdss.ca. | gov/lettersnotices/entres/getinfo/a | acl/2011/11_15.pdf |
| ADDITIONAL INFORMATION REGARDING FOR | RM CHANGE | | |
| http://www.cdss.ca.gov/cdss | web/entres/forms/English/k | KG2.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.