NOTICE OF FORM CHANGE NO. 11-025			DATE
			3/17/2011
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Office		agement Unit
Listed below is information re	garding a form change.	Only applicable information is show	n.
This notice updates your Ca	lifornia Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 369A (3/11) Kins	ship Guardianship Assistance Paym	nent (Kin-GAP) Program Agreement
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
☐ New ☐ Revised	DATE OF FORM 3/11	REPLACES 12/10	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	nitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	FORMS DISPOSIT	TION AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy	
USE NEW FORM When supply available in DSS Warehouse		oxtimes Use new form effective	3/2011
USE FORM IN ACCORDANCE WITH All County Letter No.	ACL 11-15 http://www.c	cdss.ca.gov/lettersnotices/entres/ge	etinfo/acl/2011/11_15.pdf

nitp.//www.cubb.ca.gov/cubbweb/entres/forms/English/500509A.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.