NOTICE OF FORM CHA	DATE		
			4/14/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			agement Unit
Listed below is information re	egarding a form change. O	nly applicable information is showr	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 369A (3/11) Kinsh Amendment	nip Guardianship Assistance Paym	ent (KIN-GAP) Program Agreement
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT Yes No
WASTER ONLY	DATE OF FORM	REPLACES	☐ Yes ☐ No
\square New \boxtimes Revised	3/11	12/10	☐ 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			
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON 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	3/11
USE FORM IN ACCORDANCE WITH			
☐ All County Letter No.☐ Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdee.ca.gov/cdee	weh/entres/forms/English/s	SOC369A ndf	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC369A.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.