NOTICE OF FORM CHANGE NO. 11-054		DATE
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AAP 8 (1/11) Adoption	s Assistance Program Nonrecurring	g Adoption Expenses Agreement
ORDER UNIT MASTER ONLY	ESTIMATED PRICE	INITIAL SUPPLY SENT
New Revised 1/11	REPLACES	☐ Obsolete
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	hitted With Prior DSS Approval	Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTERNET:	
FORMS DISPOSIT	TION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY	Destroy	
USE NEW FORM	Use new form effective	
USE FORM IN ACCORDANCE WITH		
☐ Other (specify) http://www.cdss.ca.gov/cds	ssweb/entres/forms/English/AAP8.p	odf
ADDITIONAL INFORMATION REGARDING FORM CHANGE Attached is a Reproducible Copy		
AAP 8 (1/11) - Adoptions Assistance Program Nonrec	curring Adoption Expenses Agreem	ent

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.