| NOTICE OF FORM CHANGE NO. 11-096 | | DATE |
|--|--|---------------------------------|
| | | 9/27/2011 |
| To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other | | rms Management Unit |
| Listed below is information regarding a form change. | Only applicable information | n is shown. |
| This notice updates your California Department of Sc | ocial Services (CDSS) Cou | nty Forms Catalog (PUB 69). |
| FORM NUMBER, REVISION DATE AND TITLE AAP 3 (7/11) Reasses | ssment Information Adop | ion Assistance Program |
| ORDER UNIT MASTER ONLY □ Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT ☐ Yes ☒ No |
| □ New □ Revised 7/11 | REPLACES 6/10 | ☐ Obsolete |
| REQUIRED FORM- No Change Permitted Substitute Perm UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 | nitted With Prior DSS Appril OTHER: INTERNET: INTRANET: | oval Recommended Form |
| | TION AND SPECIAL INST | RUCTIONS |
| DISPOSITION OF OLD SUPPLY Use until exhausted | ⊠ Destroy | |
| USE NEW FORM When supply available in DSS Warehouse | ⊠ Use new form el | fective immediately |
| USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) | | |
| ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.cdss.ca.gov/cdssweb/entres/forms/English | n/AAP3.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.