| NOTICE OF FORM CHANGE NO. 11-097 | | | DATE |
|---|---------------------------|---|----------------------------------|
| | | | 9/27/2011 |
| 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 | garding a form change. | Only applicable information is show | n. |
| This notice updates your Ca | lifornia Department of So | cial Services (CDSS) County Form | s Catalog (PUB 69). |
| FORM NUMBER, REVISION DATE AND TITLE | AAP 4 (7/11) Eligibility | y Certification Adoption Assistance | e Program |
| ORDER UNIT MASTER ONLY | ☐ Free ☐ Sold | ESTIMATED PRICE REPLACES | INITIAL SUPPLY SENT ☐ Yes ☐ No |
| \square New \boxtimes Revised | 7/11 | 7/10 | ☐ Obsolete |
| REQUIRED FORM- No Change Permitted UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 | | itted With Prior DSS Approval OTHER: INTERNET: INTRANET: | ☐ Recommended Form |
| | FORMS DISPOSIT | ION AND SPECIAL INSTRUCTION | NS |
| DISPOSITION OF OLD SUPPLY Use until exhausted | | ⊠ Destroy | |
| USE NEW FORM When supply available in DSS Warehouse | | $oxed{\boxtimes}$ Use new form effective | immediately |
| use FORM IN ACCORDANCE WITH All County Letter No. Other (specify) | | | |
| ADDITIONAL INFORMATION REGARDING FO | RM CHANGE | | |
| http://www.cdss.ca.gov/cdss | web/entres/forms/English | ı/AAP4.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.