NOTICE OF FORM CHANGE NO. 11-103		DATE
		10/07/2011
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manaç s	gement Unit
Listed below is information regarding a form change.	Only applicable information is shown.	
This notice updates your California Department of So	cial Services (CDSS) County Forms (	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 4320 (8/11) Adopt	ion Assistance Program (AAP) Agree	ement
ORDER UNIT  MASTER ONLY   Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
□ New □ Revised 8/11	REPLACES 4/10	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Perm	itted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	
Department of Social Services Warehouse P.O. Box 980788	☑ INTERNET:	
West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOSIT	ION AND SPECIAL INSTRUCTIONS	3
DISPOSITION OF OLD SUPPLY  Use until exhausted	☐ Destroy	
USE NEW FORM  When supply available in DSS Warehouse	☐ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH		
<ul><li>☐ All County Letter No.</li><li>☐ Other (specify)</li></ul>		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English	n/AD4320.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.