NOTICE OF FORM CHANGE NO. 11-107			DATE
			10-11-2011
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Manageme	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE AAP 8 (7/11) English and Spanish Adoptions Assistance Program Nonrecurring Adoption Expenses Agreement			
ORDER UNIT MASTER ONLY	🛛 Free 🗌 Sold	ESTIMATED PRICE	
	DATE OF FORM 7/11	REPLACES 1/11 (any old revisions)	
REQUIRED FORM-			
No Change Permitted 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			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS DISPOSITION OF OLD SUPPLY			
		⊠ Destroy	
USE NEW FORM		\boxtimes Use new form effective 7/11	
☐ All County Letter No. ☐ Other (specify)			
additional information regarding form change http://www.cdss.ca.gov/cdssweb/entres/forms/English/AAP8.pdf			

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/AAP8SP.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.