NOTICE OF FORM CHANGE NO. 11-160		DATE
		12/23/2011
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manag	gement 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 SOC 369A (11/11) Kinsh Amendment	nip Guardianship Assistance Paymo	ent (Kin-GAP) Program Agreement
ORDER UNIT  MASTER ONLY  □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
☐ New ☐ Revised 11/11	REPLACES 10/11	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitte	ed With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	Recommended Form
Department of Social Services Warehouse	☐ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
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  All County Letter No.		
☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/S	OC369A.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.