NOTICE OF FORM CHANGE NO. 11-161		DATE
		12/23/2011
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 regarding a form change. C	Only applicable information is show	n.
This notice updates your California Department of Soc	cial Services (CDSS) County Form	s Catalog (PUB 69).
KG 1 (12/11) Kin-GAP	Mutual Agreement for 18 year olds	3
ORDER UNIT MASTER ONLY	ESTIMATED PRICE	
□ New □ Revised DATE OF FORM 12/11	REPLACES 8/02	□ Obsolete
<u> </u>	tted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		
Department of Social Services Warehouse P.O. Box 980788	INTERNET:	
West Sacramento, CA 95798-0788	INTRANET:	
FORMS DISPOSIT	ION AND SPECIAL INSTRUCTION	NS
Use until exhausted	⊠ Destroy	
use New FORM	☐ Use new form effective	iimmediately
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/KG1.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.