

NOTICE OF FORM CHANGE NO. 19-017

DATE

3/21/2019

TO:

County Welfare Director
 Supply Clerk / Forms Coordinator
 Community Care Licensing District Offices
 District Attorney
 Private and Public Adoption Agencies
 Other

FROM:

Forms Management 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 (9/18) - Adoption Assistance Program Nonrecurring Adoption Expenses Agreement

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/18	REPLACES 12/17	<input type="checkbox"/> Obsolete

REQUIRED FORM-

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☐ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse
 P.O. Box 980788
 West Sacramento, CA 95798-0788**

☐ OTHER:
☒ INTERNET:
☐ 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/Portals/9/FMUForms/A-D/AAP8.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.