NOTICE OF FORM CHANGE NO. 13-149					DATE
					12/24/2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nageme	nt Unit
Listed below is information re	garding a form change. O	Only applica	ble information is show	/n.	
This notice updates your Cal	lifornia Department of Soc	cial Service	s (CDSS) County Form	ns Catalo	ng (PUB 69)
				le eataite	
FORM NUMBER, REVISION DATE AND TITLE	KG 2A (3/01) Rights, R	Responsibili	ties and Other Importa	nt Inform	ation For Kin-GAP Program
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT	
	Free Sold				Yes No
□ New □ Revised	DATE OF FORM	REPLACES	REPLACES		⊠ Obsolete
					–
No Change Permitted			rior DSS Approval		ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788					
West Sacramento, CA 95798-0788					
	FORMS DISPOSITI	ION AND S	PECIAL INSTRUCTIO	NS	
Use until exhausted			⊠ Destroy		
USE NEW FORM	DSS Warehouse	Us	e new form effective		
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOF	RM CHANGE				

Effective immediately, KG 2A has been obsoleted.

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.