NOTICE OF FORM CHANGE NO. 14-035	DATE
	3/18/2014
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 ap	plicable information is shown.
This notice updates your California Department of Social Ser	rvices (CDSS) County Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE KG 4 (2/14) Kinship Guardian Nonrecurring Legal Guardians	ship Assistance Payment (Kin-GAP) Program
	INITIAL SUPPLY SENT Yes No
New ☐ Revised Date of form 2/14	Obsolete
REQUIRED FORM- No Change Permitted □ Substitute Permitted W	ith Prior DSS Approval Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:
Department of Social Services Warehouse P.O. Box 980788	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. http://www.cdss.ca.gov/lettersnotic Other (specify)	ces/EntRes/getinfo/acl/2014/14-19.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE	
http://www.cdss.ca.gov/cdssweb/entres/forms/English/KG4.p	df

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.