

NOTICE OF FORM CHANGE NO. 14-097

DATE

10/15/2014

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 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 6 (7/14) Adoption Assistance Program Negotiated Benefit Amount And Approval**

ORDER UNIT	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 7/14	REPLACES 9/13	<input type="checkbox"/> Obsolete
REQUIRED FORM-	REQUIRED FORM-		
<input type="checkbox"/> No Change Permitted	<input type="checkbox"/> Substitute Permitted With Prior DSS Approval <input type="checkbox"/> Recommended Form		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	<input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> INTERNET: <input type="checkbox"/> 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 effectiveimmediately

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/aap6.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.