NOTICE OF FORM CHANGE NO. 15-55

DATE
03/02/2015

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 2 Payment Instructions Adoption Assistance Program

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
	☒ Free ☐ Sold		☐ Yes ☐ No
☐ New ☒ Revised	DATE OF FORM 1/15	REPLACES 8/12	☐ **Obsolete**

REQUIRED FORM- ☐ No Change Permitted
REQUIRED FORM- ☐ 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 _____

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/aap2.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.