NOTICE OF FORM CHANGE NO. 12-017			DATE
			01-23-2012
To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other			agement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	n.
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AAP 8 (11/11)		
	Adoption Assistance Pro	ogram Nonrecurring Adoption Exp	enses Agreement
ORDER UNIT  ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 11/11	REPLACES 7/11	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
			☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		⊠ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Destroy	
USE NEW FORM  When supply available in DSS Warehouse		□ Use new form effective	11/11
USE FORM IN ACCORDANCE WITH			
$\square$ All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/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.