

## WITHDRAWAL OR TERMINATION REQUEST

### REQUESTOR INFORMATION

Name *(Last, First, M.I.)* \_\_\_\_\_ Phone NO. *(Include area code)* \_\_\_\_\_

Address *(No., Street)* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Client ID or Social Security Number \_\_\_\_\_

*(Complete Sections A, B, and C)*

**A. I wish to withdraw or terminate:**

My application for Child Care Assistance

My Child Care Assistance \_\_\_\_\_

My request for a fair hearing. *I understand that if I received Child Care Assistance pending the outcome of a hearing, I may be required to repay any benefits received for which I am not eligible.*

**B. Reason for withdrawal/termination:**

Moving out of state to *(State)* \_\_\_\_\_. Date of move *(Month/Day/Year)* \_\_\_\_\_.

*Other (explain):* \_\_\_\_\_

**C. I understand that this request will result in either the termination of my Child Care Assistance, the denial of my application for Child Care Assistance, or the withdrawal of my request for a fair hearing.**

Client's Name *(Last, First, M.I.)* \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Client's Signature \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Child Care Specialist's Signature \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

### OFFICE USE ONLY

**To be Completed by DES Child Care Specialist**

**D. Verbal withdrawal or termination request *(to be completed by the Specialist along with Sections A and B when the client's request is received verbally).***

Client's Name *(Last, First, M.I.)* \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Child Care Specialist's Signature \_\_\_\_\_ Month/Day/Year \_\_\_\_\_

Date of verbal request *(Month/Day/Year)* \_\_\_\_\_ In person      By telephone

Routing: Original – CCA, Copy – Client, Copy – Office of Appeals *(if applicable)*

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• Disponible en español en línea o en la oficina local.