# ARIZONA DEPARTMENT OF ECONOMIC SECURITY
## Family Assistance Administration
# WITHDRAWAL OR STOP BENEFITS/APPEAL REQUEST

***Please PRINT all information***

**Case Name:** _____

**Case Number:** _____

**1. I wish to WITHDRAW MY APPLICATION/STOP BENEFITS for the programs checked below:**

- ☐ **AHCCCS Health Insurance**
- ☐ **Nutritional Assistance**
- ☐ **Tuberculosis Control**
- ☐ **Cash Assistance/Two-Parent Employment Program (TPEP)**

**See pages 5-6 for USDA/EOE/ ADA/LEP/GINA disclosures**

**Name:** _____

**Signature:** _____ **Date:** _____

## I want benefits STOPPED for:

| NAME | DATE OF BIRTH | RELATIONSHIP TO YOU |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

***If you are working, you and your family may still be eligible for AHCCCS Health Insurance and/or Nutrition Assistance benefits. Please talk to your worker before withdrawing your application or stopping your benefits.***

# Please check the reason for WITHDRAW APPLICATION/STOP BENEFITS:

☐ **Employment *(Name)***

_____

**started working on *(Date)***

_____ **and earns**

***(Amount)*** _____ **per**

***(Hour/Day/Week)*** _____

**at *(Employer's Name and Phone Number)***

_____

_____

☐ **Moving out of state *(State moving to)*** _____

**Date of move:** _____

**How long will you be out of state:** _____

☐ **Other:** _____

**2. I wish to WITHDRAW my request for an Appeal for the following programs:**

- ☐ **AHCCCS Health Insurance**
- ☐ **Nutrition Assistance**
- ☐ **Tuberculosis Control**
- ☐ **Cash Assistance/Two-Parent Employment Program (TPEP)**

**I understand that if I received Cash Assistance and/or Nutrition Assistance benefits while waiting for an appeal, I may have to repay the benefits received that I was not eligible for. I understand that if I asked for an appeal due to an overpayment, and I withdraw my appeal request I will have to pay the overpayment back.**

**The reason I am WITHDRAWING my request for a APPEAL is:**

_____

_____

**Name:** _____

**Signature:** _____

**Date:** _____

## AGENCY USE ONLY

**Date verbal withdrawal received:** _____

**EI's Signature:** _____

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