FA-574-FF (4-19)

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)

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 an APPEAL is: ______________________________

Name: ____________________ Signature: ____________________ Date: __________

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Date verbal withdrawal received: __________ EI's Signature: ______________________________

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