

Request to Voluntarily Withdraw from an Appeal-DBME

Please read and fill out this form carefully then E-mail the completed form to OIG.PA.Appeals@azdes.gov or fax it to the number above. Keep a copy for your records.

Customer Name (Last, First): _____ Appeal Number: _____ Date of Appeal: (MM/DD/YYYY) _____

AZTECS Number: _____ HEAPLUS Application ID: _____ Date of Application: (MM/DD/YYYY) _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Date of Decision Appealing: (MM/DD/YYYY) _____ Decision Notice Title: _____

Programs Appealed: (check all that apply)

- Cash Assistance (CA) _____
- Overpayment (OP) _____
- Nutrition Assistance (NA) _____
- Medical Assistance (MA) _____
- Other (Specify) _____

Reason for Appeal

- Amount of Benefits _____
- Closure/Termination _____
- Denial _____
- Department Action / Inaction _____
- NA Compromise Amount _____
- Denial of EBT Account _____
- Adjustment Dispute of EBT Account Adjustment _____
- Other (Specify) _____

By withdrawing your request for an appeal for the program(s) marked above. You understand that:

- Any benefits continued during the appeal process are stopped immediately and you may have to pay the benefits back.
- If you requested an appeal due to an overpayment, you are still responsible for repaying the overpayment when you withdraw the appeal.

For us to take a withdrawal, you must answer the following questions to confirm that you accept and understand the consequences of withdrawing your appeal to the decision you indicated above.

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| 1. Do you understand that you have the right to have a hearing regarding the determination that was made on (Date) _____ | Yes | No |
| 2. Do you understand that when you or your Representative withdraw your appeal, there is no further hearing and the Department's actions are final? | Yes | No |
| 3. Has anyone forced you, or otherwise pressured you to withdraw your appeal? | Yes | No |
| 4. Knowing that when you withdraw your appeal, the matter is dismissed, and no further actions are taken on the appealed issue. Do you still wish to withdraw your appeal? | Yes | No |
| 5. Do you understand your hearing rights, and understand that your withdrawal does not change your right to apply for services any time in the future? | Yes | No |

The submission of a request to voluntarily withdraw this appeal does not guarantee approval of your request to voluntarily withdraw. If you have been scheduled for a hearing and have not received a letter of dismissal, you need to attend the scheduled hearing. If you have received a decision that your hearing has been dismissed, no further action is needed.

Claimant/Representative Printed Name: _____ Claimant/Representative Signature: _____ Date of Withdrawal: (MM/DD/YYYY) _____