

VOLUNTARY WITHDRAWAL FORM

CAO NAME _____
CAO ADDRESS _____
TELEPHONE NUMBER _____

County	Record	Cat	Program Status

Name _____

Address _____

Telephone _____

I _____ want benefits

closed for the following persons:

CASH

MA

FS

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

for my entire household

Comments _____

I understand that I may reapply at any time for benefits.

Signed _____ Print name _____

Date _____