

CAO NAME AND ADDRESS

CASE IDENTIFICATION				
CO	RECORD NUMBER	CAT	CSLD	DIST
RECORD NAME				DATE

## VOLUNTARY WITHDRAWAL FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone \_\_\_\_\_

I \_\_\_\_\_ want benefits

closed or application withdrawn for the following persons: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 \_\_\_\_\_

