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closed or application withdrawn for the following persons: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
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
_____	☐	☐	☐
☐ for my entire household	☐	☐	☐

Comments _____

_____

_____

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

Signed _____ Print name _____

Date _____

pennsylvania
DEPARTMENT OF HUMAN SERVICES