



RICHARD WHITLEY, MS
Director

ROBERT THOMPSON
Administrator

Date: _____
Case Name: _____
Case ID: _____



I request my assistance/application from the following program(s) be _____
 effective _____ (terminated, withdrawn, reduced)

 (month/day/year)

- ☐ Temporary Assistance for Needy Families (TANF) ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Family Medical (FMC) ☐ Medical Assistance to the Aged, Blind and Disabled (MAABD)

Reason:

I waive my right to the required advance Notice of Adverse Action Period and the continuance of benefits should a hearing on this action be requested at a later date.

This request is made voluntarily, free from threats or promises of any kind.

Client Signature	Print Name	Date	Telephone Number
Case Manager Signature	Print Name	Date	Telephone Number

