

**WAIVER OF 10-DAY ADVANCE NOTICE**

Purpose: To provide a uniform record of requests made by households to waive the ten-day advance notice period.

Give the household the opportunity to complete this form any time a change in circumstances is reported that would require a Notice of Adverse Action (IM-80 or IM-80MC). The form may not be used if Notice of Adverse Action has already been sent. The form may **never** be used in a food stamp case.

Number of Copies and Disposition: Make two copies. File one copy in the case record. Give one copy to the household.

Manual Reference: Chapter X, Legal Aspects

Instructions for Completion: The claimant completes this form for an Income Maintenance case.

TO: Enter the appropriate county office information and date. The caseworker/case manager may enter this information.

FROM: Claimant's address, county, and case number should be entered. The caseworker/case manager may enter this information.

My eligibility for (enter the appropriate type of assistance) has changed because (the claimant should write, as he or she understands it, why their eligibility has changed.)

I understand that, because of this change, my (mark the appropriate box indicating the action being taken.)

Box 1: To be marked and completed for reductions in cash benefits.

Box 2: To be marked when cash benefits will be stopped.

Box 3: To be marked and completed for other changes such as changes in MC+/Medicaid coverage for one or all individuals on the case.

The second set of boxes are used to indicate when the change takes effect.

Box 1: To be marked and completed when cash benefits will be effected indicating when the change is effective.

Box 2: To be marked and completed if MC+/Medicaid is being stopped. Enter the exact date keeping date specific issues in mind. Enter the names of the persons who are affected. Both boxes in this set may be checked.

Date & Claimant's signature: The claimant must sign and date the form in the caseworker/case manager's presence.

Statement of Caseworker: The caseworker/case manager must sign and date the form to witness the signature and to certify the form and its contents have been thoroughly explained to the claimant. The worker should not sign the form until the claimant has completed and signed the form and indicated that the form's meaning and reasons for change have been understood.