

MISSOURI DEPARTMENT OF SOCIAL SERVICES

FAMILY SUPPORT DIVISION

**Request to Withdraw or Close**

Date\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Name | Social Security Number | Case Number |
| Physical Address | | |
| Mailing Address | | |

|  |  |  |  |
| --- | --- | --- | --- |
| I wish to voluntarily withdraw or close my application/case for the program(s) checked below: | | | |
| * Food Stamps (SNAP) | * Child Care (CC) | | * Temporary Assistance for Needy Families (TANF) |
| * Blind Pension (BP) | * Supplemental Aid to the Blind (SAB) | | * Breast or Cervical Cancer Treatment (BCCT) |
| * Qualified Medicare Beneficiary (QMB) | * Specified Low Income Beneficiary (SLMB) | | * MO HealthNet for Kids (MHK) |
| * MO HealthNet for Families (MHF) | * MO HealthNet for Pregnant Women (MPW) | | * MO HealthNet for Uninsured Women (UWHS) |
| * MO HealthNet for the Age, Blind, or Disabled (MHABD) | * Show Me Healthy Babies (SMHB) | |  |
| I wish to remove\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from my \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_case/application.  (name) (TYPE of Assistance) | | | |
| Other specific instructions from the participant. (Example: Close SLMB; leave MHABD open.) | | | |
| B By signing this form, I am confirming that the eligibility factors have been explained to me and I understand my benefits will end or change as stated above. I am waiving the 10-day period in which I can both request a hearing and keep my benefits open until the hearing decision is done. I can still request a hearing on this action, but if my benefits change immediately, they cannot be restored unless the hearing decision awards them to me or my circumstances change. However, I can request a hearing on this decision within 90 days of the notice I receive indicating this change has been made. | | | |
| Participant Signature | | Date | |
| **I have explained the eligibility factors, this form, and rights to a fair hearing to the above participant.** | | | |
| Eligibility Team Member Signature | | Date | |