



VOLUNTARY WITHDRAWAL
 State Form 50899 (R / 5-05) / FI 0039



Date (month, day, year)	Case number

By signing this form I, _____, am giving notice to the Family and Social Services Administration that I wish to withdraw my application or my continuing benefits under the program(s) listed below effective _____:

Temporary Assistance for Needy Families (TANF)
 Food Stamps
 Medicaid/Hoosier Healthwise
 Other _____

Name(s) of individual(s) other than myself who are withdrawing:

I am requesting this withdrawal for the following reasons:

Signature of applicant / recipient	Date
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For TANF only:
 I also waive my right to a 13 day notice prior to the closure of my case in order that this action may take place immediately.

 Signature of applicant / recipient

