



**VOLUNTARY WITHDRAWAL**  
 State Form 50699 (R3 / 6-15)  
 FAMILY AND SOCIAL SERVICES ADMINISTRATION

Date (month, day, year)	Case number
-------------------------	-------------

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

\_\_\_\_\_ :

Temporary Assistance for Needy Families (TANF)

Supplemental Nutrition Assistance Program (SNAP)

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 (month, day, year)

**FOR TANF ONLY**

I also waive my right to a thirteen (13) day notice prior to the closure of my case in order that this action may take place immediately.

Signature of applicant / recipient