

**ARIZONA DEPARTMENT  
OF ECONOMIC SECURITY  
Family Assistance  
Administration**

**WITHDRAWAL OR STOP  
BENEFITS/APPEAL  
REQUEST**

***Please PRINT all  
information***

**Case Name:**

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**Case Number:**

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**See pages 9-15 for USDA/EOE/  
ADA/LEP/GINA disclosures**

**1. I wish to WITHDRAW  
MY APPLICATION/  
STOP BENEFITS  
for the programs  
checked below:**

**AHCCCS Health  
Insurance**

**Nutritional  
Assistance**

**Tuberculosis  
Control**

**Cash Assistance/  
Two-Parent  
Employment  
Program (TPEP)**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**I want benefits STOPPED for:**

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU

***If you are working, you and your family may still be eligible for AHCCCS Health Insurance and/or Nutrition Assistance benefits. Please talk to your worker before withdrawing your application or stopping your benefits.***

**Please check the reason for WITHDRAW APPLICATION/STOP BENEFITS:**

**Employment (*Name*)**

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**started working on**

***(Date)*** \_\_\_\_\_

**and earns *(Amount)***

\_\_\_\_\_ **per**

***(Hour/Day/Week)***

\_\_\_\_\_

**at *(Employer's Name***  
***and Phone Number)***

\_\_\_\_\_

\_\_\_\_\_

**Moving out of state**  
***(State moving to)***

\_\_\_\_\_

**Date of move:** \_\_\_\_\_

**How long will you  
be out of state:**

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**Other:** \_\_\_\_\_

**2. I wish to WITHDRAW  
my request for  
an Appeal for the  
following programs:**

**AHCCCS Health  
Insurance**

**Nutrition  
Assistance**

**Tuberculosis  
Control**

# **Cash Assistance/ Two-Parent Employment Program (TPEP)**

**I understand that if I received Cash Assistance and/or Nutrition Assistance benefits while waiting for an appeal, I may have to repay the benefits received that I was not eligible for. I understand that if I asked for an appeal due to an overpayment, and**

**I withdraw my appeal request I will have to pay the overpayment back.**

**The reason I am WITHDRAWING my request for a APPEAL is:**

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**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**AGENCY USE ONLY**

**Date verbal withdrawal received:** \_\_\_\_\_

**Worker's D0 Number:**

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**In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the**

**basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.**

**Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information**

**(e.g., Braille, large print, audiotape, American Sign Language), should contact the agency (state or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339.**

**To file a program discrimination complaint, a Complainant should complete a Form AD-**

**3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (833) 620-1071, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone**

**number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to:**

**1. mail:**

**Food and Nutrition  
Service, USDA**

**1320 Braddock Place,**

**Room 334**

**Alexandria, VA 22314; or**

**2. fax:**

**(833) 256-1665 or (202)  
690-7442; or**

**3. email:**

**[FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov)**

**This institution is an equal opportunity provider.**

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**To request this document in alternative format or for further information**

**about this policy, contact  
your local office; TTY/TDD  
Services: 7-1-1.**