

REQUEST FOR WITHDRAWAL OF APPEAL

| | | |
|------------|-------|----------|
| Name | | |
| Address | | |
| City | State | Zip Code |
| Appeal No. | | |

Program: (✓)

- Family Investment Program (FIP), Refugee Cash Assistance (RCA) or PROMISE JOBS
- Child Care Assistance
- Food Assistance
- Medicaid or Waiver
- Attribution
- State Supplementary Assistance
- Child Support
- Adoption or Foster Care
- Other (*identify*):

I voluntarily wish to withdraw my appeal and request for a hearing before the Iowa Department of Human Services.

My appeal was filed on or about _____ (*date*).

Added comments, if any:

| | |
|------|-----------|
| Date | Signature |
|------|-----------|

Distribution: Copy 1: Appeals Section
Copy 2: Case File
Copy 3: Appellant

Please send completed form to:
fsales@dhs.state.ia.us

Double Click to **SEND** Form