



THE NAVAJO NATION

DEPARTMENT FOR SELF RELIANCE

DIVISION OF SOCIAL SERVICES

Voluntary Withdrawal/Closure/Removal Request

| | |
|-------------------------|------------|
| NAME: (Last, First, MI) | CIF NUMBER |
|-------------------------|------------|

COMPLETE SECTION A, B, AND C

A. TYPE OF REQUEST

- I am requesting to voluntarily withdraw my application for Department for Self Reliance (DSR) assistance.
- I am requesting to voluntarily close my DSR assistance case.
- I am requesting the following individual(s) be removed from my DSR assistance case.

| NAME | SSN | RELATIONSHIP |
|------|-----|--------------|
| | | |
| | | |
| | | |
| | | |

B. Reason for WITHDRAWAL, CLOSURE or REMOVAL

- Employment
- Individual(s) moved out of the home. Date individual(s) moved out of the home: _____
Month/Day/Year
- I am moving to: _____ . Date I will move: _____
City, State Month/Day/Year
- The benefit group member(s) being removed deceased. Date Deceased: _____
Month/Day/Year
- Other: _____

C. I understand this request will change my eligibility status according to the instructions checked above.

By signing this form, I acknowledge that I am voluntarily withdrawing my application for Department for Self Reliance assistance; or requesting closure of my Department for Self Reliance assistance; or removing a member of my benefit group. I understand that by signing this form, I am waiving my rights to appeal for a fair hearing and the requested action will be taken immediately. Furthermore, I hereby certify that I was not coerced in any manner to sign this form.

Head-of-Household's Signature

Date

DSR Staff Signature

Date