

NOTICE OF WITHDRAWN APPLICATION

TO:

Date: _____

Case Number: _____

County: _____

You told us on _____ that you wanted the County to stop your application for:

CalWORKs

Food Stamps

Medi-Cal

Other _____

Because you asked, we did so.

You have the right to apply again at any time.

Worker Signature

Phone Number

Comments:

Although you have withdrawn your application, you and your family may be able to get family planning services. If you want help, ask the County or a family planning agency for more information.