Department of HUMAN SERVICES

Request for Withdrawal of Appeal

Who is Appeal For?

First Name	Middle Initial	Last Name	
Mailing Address			
City	State	Zip Code	Appeal Number

What Program Did You Appeal?

Check the programs your appeal was about:

- ☐ Adoption
- ☐ Adult Abuse
- ☐ Attribution of Resources
- ☐ Cash Assistance
- ☐ Child Abuse
- ☐ Child Care Assistance
- ☐ Child Support
- ☐ Food Assistance
- ☐ Foster Care
- ☐ Hawki
- ☐ Medicaid including waivers
- ☐ PROMISE JOBS
- ☐ State Supplementary Assistance

Other:_____

I voluntarily wish to withdraw my Appeal and Request for Hearing that was filed with the Iowa Department of Human Services.

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

If you have any comments, please list below:

Signature	Date

Please mail, fax or e-mail this form to:

Department of Human Services, Appeals Section 5th Floor, Des Moines, Iowa 50319-0114
Fax: (515) 564-4044 E-mail: appeals@dhs.state.ia.us