

Robert Trachtenberg
Authorized Signature

Number: SS-IM-09-034
Issue Date: 07/15/2009

Topic: Forms

Subject: Form for Withdrawing Decision Notices

Applies to (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> All DHS employees | <input type="checkbox"/> County Mental Health Directors |
| <input type="checkbox"/> Area Agencies on Aging | <input type="checkbox"/> Health Services |
| <input type="checkbox"/> Children, Adults and Families | <input type="checkbox"/> Seniors and People with Disabilities |
| <input type="checkbox"/> County DD Program Managers | <input checked="" type="checkbox"/> Other (please specify): CAF SSP Transmittal Group |

Message: The Office of Self Sufficiency Programs has added a new form to Notice Writer: Withdrawal of Decision Notice (GSG1FWD). This form may be used to document the withdrawal of a decision notice. If a client has been sent a notice terminating or reducing benefits, the client has not filed a hearing request, the action is now not going to happen or will be undone, *and* the client or the client’s representative is requesting written documentation of what will happen, use this form. This form is optional if there is no specific request for written documentation.

If the client has filed a hearing request, contact your hearing representative. Do not use this form in that situation. A different form will be needed.

Use the appropriate denial, reduction, or termination form (instead of this form) if benefits are being denied, reduced, or terminated.

If you have any questions about this information, contact:

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