



**Commonwealth of Massachusetts**  
*Executive Office of Health and Human Services*  
**Department of Transitional Assistance**  
600 Washington Street • Boston, MA 02111

DEVAL L. PATRICK  
Governor

JUDYANN BIGBY, M.D.  
Secretary

TIMOTHY P. MURRAY  
Lieutenant Governor

JOHN A. WAGNER  
Commissioner

**Field Operations Memo 2007-22**  
**March 29, 2007**

**To:** Transitional Assistance Office Staff  
**From:** John Augeri, Assistant Commissioner for Field Operations  
**Re:** The BEACON-Generated Verification Checklist

**Overview**

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As an agency we are striving to remove Food Stamp access barriers and improve our business processes. Consequently, the Department convened a workgroup comprised of TAO and Central Office staff to review the BEACON-generated Verification Checklist and identify ways to make it more user-friendly. Based on the recommendations of the workgroup, the BEACON-generated Verification Checklist (Attachment A) has been revised and will be available with the deployment of BEACON Increment 2.1.22 on April 2, 2007. It is intended for use with all DTA programs. The verification section of the INT-1 and INT-2 notices has also been revised.

This memo describes changes in the layout and readability of the BEACON-generated Verification Checklist (VC-1) and informs AU Managers of related procedural changes where necessary.

**The Revised  
BEACON-  
Generated  
Verification  
Checklist**

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Revisions to the VC-1 were mainly changes to the physical document rather than the process; the only difference is the revised VC-1 will print in the redesigned format. AU Manager procedures for creating a VC-1 remain unchanged.

The changes to the BEACON-generated Verification Checklist document include:

**1. Revised Text and Simplified Language:**

- The introductory language on the VC-1 has been simplified:
    - the revised language encourages applicants to request help with the verification process if they are having difficulty;
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The Revised  
BEACON-  
Generated  
Verification  
Checklist  
(Continued)

- the applicant’s phone number will appear on the left, beneath the standard notice headings;
  - the first paragraph of the notice text now appears only for TAFDC, EAEDC and EA AUs. It reads: **If you need immediate help with shelter, utilities, food or medical assistance, speak to your worker. You may not need to give us certain verifications at this time for these benefits.**
- The VC-1 now displays fewer verification elements, and a limited number of verification items for each verification element. This improves the readability of the document. For example:
    - **Address Change, Address Type Change, Address Type and Change and Mailing Address Change** will all still appear on the Verifications tab in BEACON, but these four verification elements will simply appear as **Address** on the revised VC-1; and
    - **Identity** will continue to list fifteen verification items on the BEACON Verifications tab, but on the revised VC-1, only five verification items will be printed.

**Note:** AU Managers will be able to view all the verification items on the BEACON Verifications tab while the applicant will only be able to see the examples printed on the revised document. If the applicant or recipient requests assistance in obtaining a particular verification, the AU Manager may refer to the complete list of verification items on the BEACON Verification tab and suggest an alternate verification.

2. **Grouping Verifications Under Headings:** The revised VC-1 displays verification items in sections under headings and subheadings that broadly describe the elements being verified and organizes the VC-1 by type. The example below shows how a heading and subheading are grouped on the revised VC-1:

<b>Proof of Who You Are</b>	
<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
Refers to verification elements such as is listed below.	Refers to verification items one may provide such as is listed below.
<b>Identity</b> <b>For Whom:</b> Sally Sample	Driver’s license, birth certificate, hospital birth record, court records or other official government document

The **What You Need to Prove** column lists the verification elements. The **Examples of Proofs You May Provide** column replaces the **Verification Required** field on the former VC-1.

**The Revised  
BEACON-  
Generated  
Verification  
Checklist  
(Continued)**

The new section headings with corresponding subheadings are as follows.

<p><b><i>Proof of Who You Are</i></b></p> <ul style="list-style-type: none"> <li>▪ Identity</li> <li>▪ Date of Birth</li> <li>▪ Social Security Number</li> <li>▪ Relationship</li> <li>▪ Foster Care</li> <li>▪ Guardianship</li> <li>▪ Citizenship</li> <li>▪ Noncitizen Status</li> <li>▪ School Attendance</li> <li>▪ Family Cap Exception Waiver Request</li> </ul>	<p><b><i>Child Support Information</i></b></p> <ul style="list-style-type: none"> <li>▪ Absence of a Parent</li> <li>▪ Cooperation with Child Support</li> </ul>
<p><b><i>Proof of Where You Live</i></b></p> <ul style="list-style-type: none"> <li>▪ Address</li> <li>▪ Living Arrangement</li> <li>▪ Massachusetts Residence</li> <li>▪ Temporary absence</li> </ul>	<p><b><i>Proof of Assets</i></b></p> <ul style="list-style-type: none"> <li>▪ Bank Account</li> <li>▪ Life Insurance</li> <li>▪ Vehicles</li> <li>▪ Burial Insurance or Prepaid Funeral Agreement</li> <li>▪ Securities, Stocks, Bonds, Pensions</li> <li>▪ Property</li> <li>▪ Other Assets and Financial Holdings</li> <li>▪ Transferred Assets</li> </ul>
<p><b><i>Proof of Your Income</i></b></p> <ul style="list-style-type: none"> <li>▪ Earned Income</li> <li>▪ Self-Employment Income</li> <li>▪ Rental Income</li> <li>▪ Business Expenses</li> <li>▪ Unearned Income</li> <li>▪ Reason Not Employed</li> <li>▪ Garnishment Amount</li> </ul>	<p><b><i>Proof of Expenses</i></b> (Optional Verifications)</p> <ul style="list-style-type: none"> <li>▪ Dependent Care Expenses</li> <li>▪ Medical Expenses</li> <li>▪ Child Support Paid to a nonhousehold member</li> <li>▪ Shelter Expenses</li> <li>▪ Utility Expenses</li> </ul>
<p><b><i>Health and Medical Information</i></b></p> <ul style="list-style-type: none"> <li>▪ Pregnancy</li> <li>▪ Immunization</li> <li>▪ Health Insurance</li> <li>▪ Physical or Mental Incapacity</li> </ul>	<p><b><i>Other Information</i></b></p> <ul style="list-style-type: none"> <li>▪ Date of Death</li> <li>▪ Deemor Information</li> <li>▪ Prior Assistance</li> <li>▪ Vendor Payments</li> <li>▪ Authorized Representative*</li> <li>▪ Percent Accessible*</li> <li>▪ Other*</li> </ul> <p>* represents User-entered verifications only</p>

**The Revised  
BEACON-  
Generated  
Verification  
Checklist  
(Continued)**

3. **Eliminating Certain Value Description Language:** Certain verification item value descriptions, determined to be extraneous, have been eliminated and will not appear on the revised document. For example: **Yes, No, Unknown, Other, Specify** have been removed.
4. **Labeling an Optional Verifications Section:** The Proof of Expenses section of the revised VC-1 has a new introductory line that explains the impact of optional verifications: **“If you provide any of the optional verifications listed below, you may qualify for higher benefits.”** Procedures for processing AUs with optional expense verifications remain unchanged.
5. **Application-Central Print Removed as Verification:** The **Application-Central Print** verification is no longer required. This verification element has been eliminated both as a system-generated verification and as a user-generated verification.
6. **Other Information:** This is the heading under which several independent but unrelated verification elements are grouped. User-entered-only verification items that do not match any system-generated verification items will appear under the **Other Information** heading.

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**The Revised  
INT-1 and  
INT-2 Notices**

The format of the **verification section** of the INT-1 and the INT-2 notices has changed. The verification section of the INT-1 and INT-2 documents now mirrors the changes of the VC-1 with headings and subheadings, the elimination of certain confusing value descriptions, the reduction in the number of verification elements and verification items. See Attachments B and C to view the revised INT-1 and INT-2 notices.

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**AU Manager  
Responsibilities**

As mentioned on page 1 of this memo, the revisions to the VC-1 impact the appearance of the printed document but not the procedures associated with its use. AU Managers will continue to create the VC-1 in the same manner, i.e. verification items will be created by BEACON when the user completes an application, reevaluation or whenever a change occurs. The required verification items will populate the Verifications tab and display based on each Assessed Person. If the AU Manager only completes the Request for Assistance, but does not complete the application, verifications will not be created by the system; therefore no verification items will appear on the Verifications tab.

AU Managers must:

- Enter all information into BEACON promptly;
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**AU Manager Responsibilities (Continued)**

- **Use the BEACON-generated VC-1 at all times unless it is impossible to produce one; and**  
**Note:** The paper VC-1 will not be revised, as it should be used only when BEACON is unavailable.
- Enter verifications **as received**, in the Verifications tab, even if the AU is not ready to be processed or if it will ultimately be denied for failure to provide required verifications. This practice will accommodate future BEACON functionality that will identify missing verifications in denial notices.

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**Additional Considerations**

As the Department moves forward with modernization efforts, call centers, and automated system enhancements, the BEACON electronic AU record should match the physical case record. This will allow users who do not have immediate access to the physical case record to have a good understanding of the AU's circumstances just by looking on BEACON.

AU Managers are strongly encouraged to:

- Use BEACON-generated forms, letters and notices, so that a record is maintained in Document History;
- Limit the use of manual forms only to those that are not available online or for instances when the system is unavailable; and
- Make clear and concise entries on the BEACON Narratives tab especially when it is necessary to explain or substantiate seemingly contrary BEACON activity or timeframes.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline at 617-348-8478.

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600 Washington ST  
Boston, MA 02111

**Attachment A**  
VC1Notice

**Massachusetts Department of Transitional Assistance**

Yvonne Yimope  
90 WASHINGTON ST  
DORCHESTER, MA 02121-3152

SSN: 050-68-6868  
Central Office

03/08/2007

Recipient Telephone: (617) 822-9980

**Your Verification Checklist**

Below is the list of verifications you need to give us so we can determine if you are eligible for assistance. You must submit these **verifications to your worker by 03/18/2007**. If you do not give the required verifications, your case may be denied or closed.

You can drop off, mail, or fax your verifications to your worker. Please include your name and Social Security number (if provided) on every page of the documents you submit to make sure they get to your worker.

**Need Help?** If you have any questions or are having problems getting a verification, please call your worker Delise Atkins at (617) 346-3300 as soon as possible.

<b>PROOF OF WHO YOU ARE</b>	
<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Identity</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Yimope Yvonne	Driver's license, birth certificate, hospital birth record, court records, or other official government documents.
<b>Citizenship</b> <b>For Whom:</b> <b>Justin Yimope</b> <b>Janice Yimope</b>	U.S. passport, birth certificate, certificate of naturalization.
<b>Noncitizen Status</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Legal Permanent Resident	Alien Registration Card, Employment Authorization Card, Temporary Resident Card, Arrival-Departure Record or other written documentation from the United States Citizenship and Immigration Services or an Immigration Attorney. Documents showing sponsorship arrangement.
<b>Noncitizen Status</b> <b>For Whom:</b> <b>Yvonne Yimope</b> <b>Yvonne Yimope</b> , 02/01/1991	Alien Registration Card, Employment Authorization Card, Temporary Resident Card, Arrival-Departure Record or other written documentation from the United States Citizenship and Immigration Services or an Immigration Attorney. Documents showing sponsorship arrangement.

## Attachment A

PROOF OF WHERE YOU LIVE	
What You Need to Prove	Examples of Proofs You May Provide
<b>Address For Whom: Yvonne Yimope</b>	Current rent receipt or lease, deed, mortgage statement, Landlord Verification form, Shared Housing Verification form, voter registration card or written statement from the person with whom you are living.

PROOF OF YOUR INCOME	
What You Need to Prove	Examples of Proofs You May Provide
<b>Earned Income For Whom: Yvonne Yimope, Wages, Weekly</b>	Proof of gross income for all household members. The last 4 weeks' pay stubs or a statement from your employer written on company letterhead.
<b>Unearned Income For Whom: Justin Yimope, SSI</b>	Proof of unearned income for all household members. Benefit or award letter, copy of payment document or check, or written statement from agency making the payment. For example, Retirement, Survivors, Disability Insurance (RSDI), SSI, Unemployment Benefits, Worker's Compensation, Veteran's Benefits, Railroad Retirement Benefits, support/alimony payments received, pension award letters.

HEALTH AND MEDICAL INFORMATION	
What You Need to Prove	Examples of Proofs You May Provide
<b>Physical or Mental Incapacity For Whom: Justin Yimope</b>	Proof that you unable to work or participate in a work program activity due to a physical or mental condition. For example, written statement from your health care provider, TAFDC Disability Supplement form, EAEDC Disability Supplement form with the EAEDC Medical Report, proof of Social Security Disability or SSI benefits, proof of application for SSI benefits.

PROOF OF EXPENSES	
If you provide any of the optional verifications listed below, you may qualify for higher benefits.	
What You Need to Prove	Examples of Proofs You May Provide
<b>Dependent Care Expenses For Whom: Yvonne Yimope, Justin Yimope Yvonne Yimope, Janice Yimope</b>	Written statement from your child care provider or a canceled check or money order paid to the child care provider.

## Attachment A

<b>Medical Expenses</b> <b>For Whom:</b> <b>Justin Yimope,</b> Prescriptions/Medication	Receipts for out-of-pocket expenses, such as co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs, and transportation expenses that you pay to get medical services.
<b>Shelter Expenses</b> <b>For Whom:</b> <b>Yvonne Yimope,</b> Rent	Current rent receipt, Landlord Verification form or lease agreement, mortgage statement, tax and home insurance bills.
<b>Utility Expenses</b> <b>For Whom:</b> <b>Yvonne Yimope,</b> Non Heating Utility	Current bills for oil, gas, electricity, telephone (including cellular phone), or other utility expenses such as wood, coal, garbage disposal; fuel assistance letter.

**Note:** The acceptable verifications listed above are the most commonly used. They are not a complete list. If you cannot provide one from the list, contact your worker, who may be able to help you find a different acceptable verification.

Please call me with questions

Delise Atkins (617) 346-3300

Central Office (617) 346-3300  
(FAX) -



600 Washington ST  
Boston, MA 02111

INT1Notice

**Massachusetts Department of Transitional Assistance**

Yvonne Yimope  
90 WASHINGTON ST  
DORCHESTER, MA 02121-3152

SSN: 050-68-6868  
Central Office

03/09/2007

Dear **Yvonne Yimope**:

Certain verifications are required to determine your eligibility for **Transitional Aid to Families with Dependent Children**.

These items were listed on the Verification Checklist that was given to you. To determine your eligibility you must:

- Submit verification(s) of the following or, on or before **04/07/2007** ask for more time.

**PROOF OF WHO YOU ARE**

What You Need to Prove	Examples of Proofs You May Provide
<b>Identity</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Yimope Yvonne	Driver's license, birth certificate, hospital birth record, court records, or other official government documents.
<b>Citizenship</b> <b>For Whom:</b> <b>Justin Yimope</b> <b>Janice Yimope</b>	U.S. passport, birth certificate, certificate of naturalization.
<b>Noncitizen Status</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Legal Permanent Resident	Alien Registration Card, Employment Authorization Card, Temporary Resident Card, Arrival-Departure Record or other written documentation from the United States Citizenship and Immigration Services or an Immigration Attorney. Documents showing sponsorship arrangement.
<b>Noncitizen Status</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , 02/01/1991 <b>Yvonne Yimope</b>	Alien Registration Card, Employment Authorization Card, Temporary Resident Card, Arrival-Departure Record or other written documentation from the United States Citizenship and Immigration Services or an Immigration Attorney. Documents showing sponsorship arrangement.

**PROOF OF WHERE YOU LIVE**

<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Address For Whom: Yvonne Yimope</b>	Current rent receipt or lease, deed, mortgage statement, Landlord Verification form, Shared Housing Verification form, voter registration card or written statement from the person with whom you are living.

**PROOF OF YOUR INCOME**

<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Earned Income For Whom: Yvonne Yimope, Wages, Weekly</b>	Proof of gross income for all household members. The last 4 weeks' pay stubs or a statement from your employer written on company letterhead.
<b>Unearned Income For Whom: Justin Yimope, SSI</b>	Proof of unearned income for all household members. Benefit or award letter, copy of payment document or check, or written statement from agency making the payment. For example, Retirement, Survivors, Disability Insurance (RSDI), SSI, Unemployment Benefits, Worker's Compensation, Veteran's Benefits, Railroad Retirement Benefits, support/alimony payments received, pension award letters.

**HEALTH AND MEDICAL INFORMATION**

<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Physical or Mental Incapacity For Whom: Justin Yimope</b>	Proof that you unable to work or participate in a work program activity due to a physical or mental condition. For example, written statement from your health care provider, TAFDC Disability Supplement form, EAEDC Disability Supplement form with the EAEDC Medical Report, proof of Social Security Disability or SSI benefits, proof of application for SSI benefits.

**PROOF OF EXPENSES**

If you provide any of the optional verifications listed below, you may qualify for higher benefits.

<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Dependent Care Expenses For Whom: Yvonne Yimope, Justin Yimope Yvonne Yimope, Janice Yimope Yvonne Yimope, Expense for children</b>	Written statement from your child care provider or a canceled check or money order paid to the child care provider.
<b>Medical Expenses For Whom: Justin Yimope, Prescriptions/Medication</b>	Receipts for out-of-pocket expenses, such as co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs, and transportation expenses that you pay to get medical services.

**Attachment B**

<b>Shelter Expenses For Whom: Yvonne Yimope, Rent</b>	Current rent receipt, Landlord Verification form or lease agreement, mortgage statement, tax and home insurance bills.
<b>Utility Expenses For Whom: Yvonne Yimope, Non Heating Utility</b>	Current bills for oil, gas, electricity, telephone (including cellular phone), or other utility expenses such as wood, coal, garbage disposal; fuel assistance letter.

If you need more time to submit the verification(s), you may request more time by completing the last page of this letter and returning it to this office immediately. You should keep a copy of this letter for your records. You must explain on the last page why you are not able to submit the verification(s) by the above date.

**If you need help to get any of the verifications, contact the worker named below.**

Failure to submit the requested verifications, or to send the worker a written request for more time with an explanation for the reason for the delay, by the date given above, may result in the denial of your application.

If your circumstances have changed and you no longer wish to apply for assistance, you may voluntarily withdraw your application by checking the box(es) below that apply and signing your name. Please return this form to the worker.

**Please withdraw my application for Transitional Aid to Families with Dependent Children**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature Date

This withdrawal will not affect any application you may wish to pursue in the future. You have the right to reapply at any time.

**Delise Atkins** (617) 346-3300  
Worker Name Telephone Number  
To:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Worker Date

Office

\_\_\_\_\_  
Address City/Town Zip

## Attachment B

I am requesting 15 more days to get and give you the following verifications for my application for:

**Transitional Aid to Families with Dependent Children**

The following verifications are either missing or incomplete and I have given the reason(s) why I will not be able to get them in by the date on the reverse side of this letter.

Verification	Reason for Delay

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Applicant's Signature

## Attachment C

600 Washington ST  
Boston, MA 02111

INT2 Notice

### Massachusetts Department of Transitional Assistance

Yvonne Yimope  
90 WASHINGTON ST  
DORCHESTER, MA 02121-3152

SSN: 050-68-6868  
Central Office

03/26/2007

Dear **Yvonne Yimope**:

Your request for more time to get verifications for your application for **Transitional Aid to Families with Dependent Children** has been approved. You have until **04/22/2007** to get and give me the following verifications we need to determine your eligibility:

PROOF OF WHO YOU ARE	
What You Need to Prove	Examples of Proofs You May Provide
<b>Identity</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Yimope Yvonne	Driver's license, birth certificate, hospital birth record, court records, or other official government documents.
<b>Citizenship</b> <b>For Whom:</b> <b>Justin Yimope</b> <b>Janice Yimope</b>	U.S. passport, birth certificate, certificate of naturalization.
<b>Noncitizen Status</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Legal Permanent Resident <b>Yvonne Yimope</b> , 02/01/1991 <b>Yvonne Yimope</b>	Alien Registration Card, Employment Authorization Card, Temporary Resident Card, Arrival-Departure Record or other written documentation from the United States Citizenship and Immigration Services or an Immigration Attorney. Documents showing sponsorship arrangement.

## Attachment C

<b>PROOF OF WHERE YOU LIVE</b>	
<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Address For Whom: Yvonne Yimope</b>	Current rent receipt or lease, deed, mortgage statement, Landlord Verification form, Shared Housing Verification form, voter registration card or written statement from the person with whom you are living.

<b>PROOF OF YOUR INCOME</b>	
<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Earned Income For Whom: Yvonne Yimope, Wages, Weekly</b>	Proof of gross income for all household members. The last 4 weeks' pay stubs or a statement from your employer written on company letterhead.
<b>Unearned Income For Whom: Justin Yimope, SSI</b>	Proof of unearned income for all household members. Benefit or award letter, copy of payment document or check, or written statement from agency making the payment. For example, Retirement, Survivors, Disability Insurance (RSDI), SSI, Unemployment Benefits, Worker's Compensation, Veteran's Benefits, Railroad Retirement Benefits, support/alimony payments received, pension award letters.

<b>HEALTH AND MEDICAL INFORMATION</b>	
<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>
<b>Physical or Mental Incapacity For Whom: Justin Yimope</b>	Proof that you unable to work or participate in a work program activity due to a physical or mental condition. For example, written statement from your health care provider, TAFDC Disability Supplement form, EAEDC Disability Supplement form with the EAEDC Medical Report, proof of Social Security Disability or SSI benefits, proof of application for SSI benefits.

<b>PROOF OF EXPENSES</b>	
If you provide any of the optional verifications listed below, you may qualify for higher benefits.	
<b>What You Need to Prove</b>	<b>Examples of Proofs You May Provide</b>

## Attachment C

<b>Dependent Care Expenses</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Justin Yimope <b>Yvonne Yimope</b> , Janice Yimope	Written statement from your child care provider or a canceled check or money order paid to the child care provider, signed statement from person who is employed or participating in an educational or training activity.
<b>Dependent Care Expenses</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Expense for children	<i>You may verify dependent care expenses by writing a letter stating the amount you pay for each child. This is called a self declaration. You no longer need to bring a receipt from the child care provider.</i>
<b>Medical Expenses</b> <b>For Whom:</b> <b>Justin Yimope</b> , Prescriptions/Medication	Receipts for out-of-pocket expenses, such as co-payments or premiums on health insurance, dentures, eyeglasses, hearing aid batteries, prescription medications, doctor-prescribed pain relievers, over-the-counter drugs, and transportation expenses that you pay to get medical services.
<b>Shelter Expenses</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Rent	Current rent receipt, Landlord Verification form or lease agreement, mortgage statement, tax and home insurance bills.
<b>Utility Expenses</b> <b>For Whom:</b> <b>Yvonne Yimope</b> , Non Heating Utility	Current bills for oil, gas, electricity, telephone (including cellular phone), or other utility expenses such as wood, coal, garbage disposal; fuel assistance letter.

Failure to give me these verifications by the above date will result in denying your application for failure to provide verifications(s). You will receive a separate notice informing you of the Department's decision on your application.

If your circumstances have changed and you no longer wish to apply for assistance, you may voluntarily withdraw your application by checking the box(es) below that apply and signing your name. Please return this form to the worker.

**Please withdraw my application for Transitional Aid to Families with Dependent Children**

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

This withdrawal will not affect any application you may wish to pursue in the future. You have the right to reapply at any time.

**Delise Atkins**  
Worker Name

**(617) 346- 3300**  
Telephone Number