

FYI

Voluntary Request to Close Case - Recipient Mailing

The card shown below was mailed to all active TAFDC and EAEDC recipients. It was included in the Fuel Assistance Income Verification Notice and Fuel Assistance brochure mailed to recipients beginning the week of September 18, 2006. A recipient who wants to voluntarily stop his or her benefits may sign and complete the postage-paid card and return it by mail to the Central Office P. O. Box listed on the front of the card, or may mail or give the completed card to his or her AU Manager.

AU Managers who receive a signed Voluntary Request to Close Case card must process the closing using the BEACON closing code "Requested Closure" in the AU Composition Results window, and annotate the BEACON Narratives Tab with the action taken. AU Managers must file the card in the AU record.

A log was e-mailed to TAO Directors to be annotated electronically with the AU Name, SSN, Action Taken, and Date of Closing. TAO Directors or their designees should e-mail completed logs to

Carla Walsh at Central Office on Friday of each week.

Voluntary Request to Close Case cards received at the Central Office P. O. Box will be processed centrally. The action taken will be noted in the BEACON Narratives Tab, and all cards will be forwarded to the appropriate TAO to be filed in the AU records.

For a card that is returned to the Central Office P. O. Box as undeliverable, Central Office staff will close the AU(s) using the BEACON closing reason "Whereabouts unknown: mail returned." A notation will be made in the BEACON Narratives Tab with the action taken. Additionally, an e-mail will be sent to the AU Manager with a cc to the TAO Director alerting both of the action taken. The card will be sent to the TAO to be filed in the AU record.

Department of Transitional Assistance - Voluntary Request to Close Case

We are sending this notice to make sure our records are up to date and accurate. You may have started working and be earning enough to support yourself and your family, or you may have other changes in your circumstances and you no longer need benefits. If so, you may ask us to stop your benefits. If you want to stop your benefits, complete this card. Place an "X" next to the benefits you want stopped, and sign and print your name, address, date, and last four digits of your Social Security Number. Mail the card, or put the card in an envelope and mail it to the address on the card, or give it to your worker. You will receive a notice when your benefits will stop. If you request your TAFDC benefits stopped and you are working, you can receive child care and transportation services. Ask your worker about these benefits. You may continue to receive food stamps and MassHealth, even if you no longer receive TAFDC/EAEDC benefits.

I request that my TAFDC/EAEDC case be stopped. I request that my food stamp case be stopped.

Signature

Date

Print Your Name

XXX-XX-
Last 4 SSN Digits

Street Address City/Town

Zip Code

(VRCC9/06)

