

SECTION I - PARTICIPANT INFORMATION

Participant name:

Address:

SECTION II - APPEAL INFORMATION

If known, please list any of the following appeal information:

Record Number: _____

Appeal Number: _____

Hearing Date: _____

SECTION III - WITHDRAWAL

I want to withdraw my request to appeal. I understand that this means that I will not have a hearing to decide my case, or if I have already had a hearing, that I will not receive a decision from the hearing officer.

Date

Participant signature

Date

Participant's representative (if applicable)

SECTION IV - AGENCY USE ONLY

Form distribution:

Upon receipt of the withdrawal request from the participant, the service coordination agency will date stamp the form, immediately notify the Bureau of Hearings and Appeals regional office, and send a copy of this completed form to the following:

Mail hard copy to: Department of Human Services
Bureau of Hearings and Appeals
Regional Office

Send an email copy to the Office of Long-Term Living at: ra-olttappeals@pa.gov