

## SECTION I - PARTICIPANT INFORMATION

Participant name:

Address:

## SECTION II - 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 III - 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 Public Welfare  
                                  Bureau of Hearings and Appeals  
                                  Regional Office

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