

Warren County Department of Human Services
416 S. East Street
Lebanon, Ohio 45036

WITHDRAWAL FORM

My potential eligibility for the following programs and/or benefits has been explained to me. However, at this time, I wish to withdraw my application or waive my right to apply for the program(s) marked below. I understand that I am free to reapply for these programs at any time.

_____ **OWF (Ohio Works First) Temporary Cash Assistance**
(36 months is the lifetime limit).

_____ **The initial prorated month of OWF Cash Assistance to preserve my months of eligibility**
(36 months is the lifetime limit).

_____ **Food Stamps**

_____ **Medicaid (All categories including the Healthy Start Program, which is coverage for children up to the age of 19 and pregnant women).**

_____ **PRC (Prevention, Retention, and Contingency Program)**

_____ **Daycare Assistance**

Applicant's Signature: _____

Date: _____

Applicant's Signature: _____

Date: _____

Caseworker's Signature: _____

Date: _____