



## ***OPTING OFF CASH ASSISTANCE***

DATE: \_\_\_\_\_

I, \_\_\_\_\_, opt not to continue to receive TANF (cash assistance) at this time. I would like to continue receiving Food Assistance and Medicaid for my family and myself.

I no longer wish to receive cash assistance because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Financial plan to cover household expenses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Customer to initial:**

My household budget and expenses were discussed with me: \_\_\_\_\_

Transitional Eligibility was reviewed with me: \_\_\_\_\_

FL Case Number: \_\_\_\_\_

Customer Signature: \_\_\_\_\_