



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: _____