**INSTRUCTIONS FOR COMPLETING FORMS**

**TO STOP TANF CASH ASSISTANCE**

CHANGE REQUEST (FORM FA-412)

1. Write your name, case number, Social Security number, and date of change (which is the effective date of your foster care license) where indicated on the upper part of page 1.
2. In section called “Income Changes” on page 1, complete the “Unearned Income” table. Select “start” in the “Did Income” column. In type of income, write “licensed foster care reimbursement” and list your child’s DCS Case Manager’s name and telephone number as the contact person.
3. Sign where indicated near the bottom of page 3.
4. Submit proof of your licensed status with the completed form by either submitting a copy of your foster care license or a copy of your DES billing sheet that indicates the licensed rate.

WITHDRAWAL OR STOP BENEFITS/FAIR HEARING REQUEST (FORM FA-574-FF)

(NOTE: you do not have to attend a court hearing)

1. Write your case name and Social Security number/case number where indicated on the top of the form.
2. Complete option 2 by checking the “Cash Assistance” box and then listing the foster child(ren)’s information in the table. For the reason you are stopping benefits, check the “other” box and state “effective MM/DD/YYYY, I am receiving licensed foster care reimbursement.” The date you give will be the effective date of your foster care license. Sign and date where indicated at the end of option 2.

**\*\*\*YOU ONLY NEED TO COMPLETE ONE OF THESE FORMS, NOT BOTH\*\*\***