**INSTRUCTIONS FOR COMPLETING FORMS**

**TO STOP TANF CASH ASSISTANCE**

CHANGE REQUEST (FORM FAA-0412A)

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 2.
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 FAA-0574A)

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

1. Write your case name and case number where indicated on the top of the form.
2. Complete option 1 by checking the “Cash Assistance” box and print your name before signing and dating the form. List the foster child(ren)’s information in the table immediately below your signature; in the column “Relationship to You” write the child’s relationship (for example, “grandchild” or “niece/nephew” or “family friend”) AND also write “Licensed Foster Care effective MM/DD/YYYY” (this date will be the effective date of your foster care license).

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

[10-12-2020]