TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES
DEPUTY/ASSISTANT DIRECTORS FOR FAMILY INVESTMENT
FAMILY INVESTMENT SUPERVISORS

FROM: KEVIN MAHON, EXECUTIVE DIRECTOR, FIA

RE: VOLUNTARY REQUEST TO CLOSE CASE FORM (DHR/FIA 1810)

PROGRAM AFFECTED: TEMPORARY CASH ASSISTANCE (TCA) PROGRAM,
FOOD STAMPS, TRANSITIONAL EMERGENCY,
MEDICAL, AND HOUSING ASSISTANCE (TEMHA),
PUBLIC ASSISTANCE TO ADULTS (PAA)

ORIGINATING OFFICE: ADMINISTRATIVE SERVICES AND CONTINUOUS
IMPROVEMENT

BACKGROUND

This FIA Information memo has been revised to include the form number for the
Voluntary Request to Close Case Form.

In our attempt to reduce errors and make it convenient for customers to close a specific benefit or
their entire case, we are initiating a Voluntary Request To Close Case Form procedure. The
usage of this form by local departments is completely voluntary. However, other states have
used this form with a degree of success and this technique has been shared at several training
conferences including conferences sponsored by USDA/FCS.

SUMMARY/RECOMMENDATION

The attached form entitled VOLUNTARY REQUEST TO CLOSE CASE (DHR/FIA 1810) is
to be given to your customers at all applications and reconsiderations. Caseworkers must explain
to the customer that they may close a specific benefit(s) or the entire case at anytime by
completing and signing this form. The completed form may be mailed or delivered to the
respective caseworker. It is designed to assist customers in voluntarily closing a specific benefit
or the entire case. Once the completed form is received, please follow your regular procedures
for benefit(s) or case closure.
These forms may be obtained by filling-out the Request For Warehouse Supplies (DHR-553, Revised 9/95). Please mail your request to:

Jerome Robinson  
DHR Forms Warehouse  
311 West Saratoga Street  
Baltimore, Maryland 21201

Please direct your inquiries to John Murray at (410) 767-7940.

cc: FIA Management Staff  
    Constituent Services  
    DHR Executive Staff  
    Help Desk
STATE OF MARYLAND • DEPARTMENT OF HUMAN RESOURCES
FAMILY INVESTMENT ADMINISTRATION

VOLUNTARY REQUEST TO CLOSE CASE

If you would like your case closed immediately, please place an "X" next to the benefit(s) you want stopped. Then PRINT your name, phone number, address, Social Security number, sign and date the form. You may return this form by mail or bring it into your caseworker. Please tell us why you want your case closed:

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I REQUEST THAT ALL MY BENEFITS BE STOPPED.

I REQUEST THAT MY CASH ASSISTANCE BE STOPPED.

I REQUEST THAT MY FOOD STAMPS BE STOPPED.

I REQUEST THAT MY MEDICAL ASSISTANCE BE STOPPED.

Print Name: __________________________ Phone #: __________________________

Address (Number and Street): ____________________________________________

City: __________________________ State: __________________________ Zip: ______________

Signature: __________________________ Date: __________________________

__________________________

THIS SECTION FOR OFFICE USE ONLY

Case#: __________________________ HOH Name: __________________________ Dist. Off: __________________________

Local Dept: __________________________ Date Closed: __________________________

Months Left in Certification Period: __________________________

Other: __________________________

DHR/FIA 1810

MARYLAND DEPARTMENT OF HUMAN RESOURCES
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