



# Request to Stop Benefits or Withdraw Application

Give this form to DTA

- By mail: DTA Document Processing Center, P.O. Box 4406, Taunton, MA 02780-0420
- By fax: (617) 887-8765
- In person at your local DTA office
- Upload to the DTA Connect App

You can use this form to close your cash case or withdraw your cash application. Please check the box(es) to tell us what you want us to do. If you ask DTA to withdraw your application or close your case, we will send a notice confirming your request. The notice will also explain your right to appeal.

You may also use this form to tell us if you changed your mind and no longer want to close your cash case or withdraw your cash application.

**Note:** You may be able to keep getting MassHealth even if your cash case closes. You will get a separate notice about MassHealth.

Name: \_\_\_\_\_ Agency ID or last 4 of SSN \_\_\_\_\_

### TAFDC

I want to close my TAFDC case or withdraw my TAFDC application.

Reason (optional) \_\_\_\_\_

You may reapply for benefits at any time.

### EAEDC

I want to close my EAEDC case or withdraw my EAEDC application.

Reason (optional) \_\_\_\_\_

You may reapply for benefits at any time.

### SNAP

We will keep your SNAP open or continue processing your SNAP application **unless** you check the box below. You do not need to do anything if you want to keep your SNAP case open.

I want to close my SNAP case or withdraw my SNAP application.

Reason (optional) \_\_\_\_\_

You may reapply for benefits at any time.

### Changed my mind

I have changed my mind. I want to keep my case/application open.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date