California Department of Aging, Multipurpose Senior Services Program (MSSP) MSSP Site Manual

Appendix 6 • Withdrawal of Request for State Hearing Form DPA 315 (7/99)

The Form DPA 315 can be accessed through the Department of Social Services website at Withdrawal of Reguest for State Hearing Form.

TATE OF CAUFORN IA - HEALTH AND HUMAN SERVICES AGEN	ICY .		CALIFORNIA DEPARTMENT OF SOCIAL SERVICE	
WITHDRAWA	L	CONDITIO	ONAL WITHDRAWALS	
	-	OF		
	REQUEST	FOR HEARING		
Case Name:		County Case No:		
State Hearing No:		Filing D	Pate:	
County:		Hearing D	Jate:	
		Hearing Ti	ime:	
		, the undersigned do her	reby:	
Withdraw my request for a state he withdrawing my request, I lose my rig for hearing, aid which has been paid hearing request raising the identica Procedures Section 22-009. Conditionally withdraw my request for that by conditionally withdrawing my rig stop without further notice. I underst must request a hearing within 90 DAN my case. Upon such renewal, I sha	ht to a hearing on the because of the requal issue provided in a state hearing because for hearing, and that the county's of the county's	hat request. I also underst uest will stop without furth that the new request is the efore the State Departme aid which has been paid will issue a redeterminat notice if I am not satisfied	tand that by withdrawing my request er notice. I may, however, file a new timely per Manual of Policies and ent of Social Services. I understand because of the hearing request will tion notice within 30 days and that I with the county's reconsideration of	
withdrawal. NOTE: A conditional withdrawal must	provide that the act	ions of both parties will be	completed within 30 days.	
The reasons for or conditions of this w	ithdrawal are;			
	. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Signed		Signed	
Signed		Signed		
Signed (County Representative)	(Date)	Signed (Cleman)	(Cate)	
	(0:36)	-	(Cate)	
(County Representative)	(Date)	-	(Address)	

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