



Voluntary Withdrawal

Parents have the right to request closure of their child care case. If child care services are no longer needed, complete the sections below and return the completed form to CAPS.

Date: _____

CAPS Case Number: _____

Child Information

Enter the name of each child and child care provider impacted by request in the below table.

Name	Date of Birth	Child Care Provider

I wish to voluntarily withdraw the child named above because:

I voluntarily waive my right to request an Administrative Hearing. I voluntarily waive my right to receive child care services during the 14-day notification period.

I request _____ as the last day of desired child care services.
(Date)

Parent Signature

CAPS Use Only:

CAPS Staff Signature

Date Received

The Disposition and Parent Information (Appendix L), dated _____ was sent (mailed, e-mailed, faxed or hand-delivered) on _____.