

WAIVER OF TIMELY NOTICE OF ACTION

I understand the Department For Children and Families has the responsibility of providing timely and adequate notice of agency action to discontinue, terminate, suspend, or reduce assistance.

I hereby waive my right to the timely notice requirement of adverse action and request the following case action be taken:

- Case closure because of:
 - Increased income
 - Other: _____

- Benefit reduction because of:
 - Increased income
 - Decrease in household size
 - Other: _____

I further waive my right to continuation of assistance should I request a fair hearing at a later date resulting from this action.

I understand this action is in accordance with Kansas Economic and Employment Services Manual section(s) _____.

Signature: _____

Date: _____