

WAIVER OF TIMELY NOTICE OF ACTION

I understand the Department of Social and Rehabilitation Services 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: _____

Increased spenddown because of: _____

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 Support Manual section(s) _____.

Signature: _____

Date: _____