

AGENCY ACTION WITHDRAWN PARTICIPANT NOTIFICATION (IM-90B)
INSTRUCTIONS

PURPOSE: To notify the participant after the FSD office determines the agency wishes to rescind the decision and there is no adverse affects to the applicant/participant's benefits.

NUMBER OF COPIES AND DISPOSITION: Mail the original to the applicant/participant and authorized representative. Keep a copy in the applicant/participant's case file.

MANUAL REFERENCE: Chapter X

INSTRUCTIONS FOR COMPLETION: Complete this form online when a hearing request was submitted to the Administrative Hearing Unit; however, after the submission, the agency withdraws the action that resulted in the hearing request and there is no longer an adverse affect on the participant's benefits.

FROM: Enter the agency office, telephone number, street address, city, and zip code.

TO: Enter the name of the applicant/participant or authorized representative

RE: Enter the case name.

CASE DCN: Enter the case DCN.

PROGRAM: Select the program that the hearing is regarding.

ADDITIONAL ENTRIES:

- Mark one of the two boxes on the administrative hearing scheduling and enter appropriate date(s) and time.
- Enter the date the action was withdrawn.
- Enter the date the agency first took the original action that resulted in the hearing request and a short description of the agency action that was withdrawn.
- Enter the date the agency took the original action that resulted in the hearing request.

SIGNATURE OF ELIGIBILITY SPECIALIST: ES must sign and date the form.

SIGNATURE OF SUPERVISOR: An Eligibility Specialist supervisor must sign and date the form.