

**AGENCY ACTION WITHDRAWN PARTICIPANT NOTIFICATION (IM-90B)**  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- Enter the date the action was withdrawn.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took the original action that resulted in the hearing request and a short description of the agency action that was withdrawn.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.