



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

DATE \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_,

This is to confirm that you **withdrew** your application for \_\_\_\_\_  
\_\_\_\_\_ benefits **made on** \_\_\_\_\_  
with the **Department of Health and Human Resources**. No action will be taken by the  
**Department of Health and Human Resources** to approve or deny the application.

**You must reapply at the local DHHR office to have your eligibility for  
Department benefits reconsidered.**

Sincerely,

DHHR Worker