**DEPARTMENT OF CHILDREN AND FAMILIES**

**DAF**

Division of Family and Economic Security

**VOLUNTARILY DECLINING AID**

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes].

**You are not required to sign this form. Signing it will help your agency have a better record of your decision.**

|  |  |
| --- | --- |
| Name – Participant | Case Number |
| I voluntarily decline aid for:  Wisconsin Works (W-2)  **I understand that I can apply for W-2 in the future.**  Emergency Assistance  **I understand that I can apply for Emergency Assistance in the future. I understand I may only receive an Emergency Assistance payment once in a twelve-month period.**  Job Access Loan  **I understand that I can apply for a Job Access Loan in the future.**  Refugee Cash Assistance  **I understand that I only have access to these benefits for the initial eight months after arrival. Declining to receive Refugee Cash Assistance now will not extend my eligibility to receive it in the future.**   |  |  |  | | --- | --- | --- | | **SIGNATURE** – Participant (or Telephonic Signature Interaction ID) |  | Date Signed | | |

Copy: Participant Original: Case Record

**RETAIN COMPLETED FORM IN CASE FILE**