DEPARTMENT OF CHILDREN AND FAMILIES
Division of Family and Economic Security

DAF

Voluntarily Declining Aid

Use of Form: Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. This form is voluntary, you are not required to sign this form. Completing this form will help your agency have a better record of your decision.

Instructions: The participant shall complete and sign this form to document their decision to decline aid. Wisconsin Works (W-2) agencies must retain this form in the participant's case record.

Participant Full Name:

Case Number:

I voluntarily decline aid for:

Wisconsin Works

I understand that I can apply for Wisconsin Works 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.

PARTICIPANT SIGNATURE (or Telephonic Signature Interaction ID):

Date Signed:

Copy: Participant Original: Case Record

RETAIN COMPLETED FORM IN CASE FILE