



Texas Money Follows the Person Demonstration Program
Withdrawal Confirmation

Individual's Name	Guardian/Legally Authorized Representative/Responsible Party Name
Mailing Address (Street, City, State, ZIP Code)	Area Code and Telephone No.

I choose to withdraw participation from the Texas Money Follows the Person Demonstration.

You will be removed from participation in the Texas Money Follows the Person Demonstration effective the date of your signature on this form.

Signature - Individual/Guardian/Legally Authorized Representative/Responsible Party

Date

Please return this form to your assigned case manager:

Case Manager/Service Coordinator Name	Area Code and Telephone No.
Mailing Address (Street, City, State, ZIP Code)	Fax Number