



State of Vermont
Department of Mental Health
Child, Adolescent, and Family Unit
280 State Drive, NOB 2 North
Waterbury, Vermont 05671-2090
<http://mentalhealth.vermont.gov/>

Agency of Human Services

[phone] 802-241-0167
[fax] 802-241-0169
[tfn] 888-212-4677

DCF and DMH EFT/Waiver Withdrawal Form

This withdrawal form is to be used when a Designated Agency withdraws an EFT/waiver funding application for a child after it has been submitted to Department of Mental Health but before it has been deemed complete and approved. Based on the information provided below, Department of Mental Health will withdraw the following application:

Client name: _____

Designated Agency: _____

Budget Submission Period: _____

Effective Withdrawal Date: _____

If this is a DCF EFT/Waiver, has DCF been notified and agrees with this application withdrawal? ___Y___N

DA Signature

Date