



**General Services Administration (GSA) Child Care Subsidy (CCS)  
Program Certification for Withdraw From Program**

*Stop! If you will need GSA Child Care Subsidy Benefits within the next 90 days, please do not complete this form. This is for withdrawal from the GSA CCS Program for Family or Child/Children only.*

*Note: All GSA CCS Program participants may be placed in an Inactive Status for up 90 days by completing and submitting the Form GSA 2011-13 "Request for Benefits to be Placed in an Inactive Status".*

By completing this form, I \_\_\_\_\_ request that the USDA  
*Printed name of GSA Employee*

Subsidy Administration Section performs the withdrawal action listed below:

\_\_\_\_ **Withdraw Family**

I am withdrawing my Family from the program effective \_\_\_\_\_ and  
I will not require GSA Child Care Subsidy Benefits within 90 days of the date listed above.  
By completing and submitting this request to the USDA, I am authorizing my official withdrawal from the program.

\_\_\_\_ **Withdraw Child/Children**

_____	_____	_____
<i>Child's Full Name</i>	<i>Date of Birth (DOB)</i>	<i>Final day of care</i>
_____	_____	_____
<i>Child's Full Name</i>	<i>Date of Birth (DOB)</i>	<i>Final day of care</i>
_____	_____	_____
<i>Child's Full Name</i>	<i>Date of Birth (DOB)</i>	<i>Final day of care</i>

I understand that by withdrawing from the program that I will be financially responsible for all child care costs as of the date stated above. I further understand that I may reapply, or re-enroll my child/children at any time in the future by visiting the [USDA Subsidy Administration Section website](#) for the applicable package and that my eligibility will be determined based upon submitting the required documents and information to the USDA for processing.

\_\_\_\_\_  
*Signature of Qualifying GSA Employee / Last 4 of SSN* \_\_\_\_\_  
*Date*