

**ENTITY
WITHDRAW REQUEST FORM
FOR APPROVED APPLICATIONS**



SECTION 2 – COUNSELOR WITHDRAW REQUEST

*Prior to switching a Counselor’s CalHEERS account to **In-Active or Withdrawn**, the Primary Contact (Entity) is responsible for notifying consumers to **re-delegate** their application to an alternate active counselor. Consumers can re-delegate their application by logging into their CoveredCA.com consumer account and selecting a new Counselor through the [‘Find Local Help’](#).*

COUNSELOR NAME	WAS COUNSELOR EVER CERTIFIED?	IF ‘YES’, PROVIDE CERTIFICATION NUMBER	HAVE ALL CONSUMERS ON THE COUNSELOR CALHEERS DASHBOARD BEEN CONTACTED OR RE-DELEGATED?	
			YES	NO
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	Yes <input type="checkbox"/> No <input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

NOTICE: Review all **sites** affiliated with the withdrawing Counselor and reallocate Counselor resources using section 3.

- If a site has **NO** assigned Counselor, this will prevent consumers from delegating their application using [‘Find Local Help’](#).
- If the withdrawing counselor’s contact information is listed as the **primary contact for a site** please update using section 3.

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SECTION 3 – SITE PRIMARY CONTACT PERSON INFORMATION

* **Info Displayed on [Find Local Help](#) (FLH).** Completing this section indicates the provided email and/or phone number will display on FLH as the contact information for the specific site listed.

- Only **one primary contact per site**, changes to the site’s primary contact **does not** automatically update the contact information for all other counselors assigned to that site.
- In the first column indicate if all assigned counselors to the updated site are to also display the site’s new primary contact email and phone number.
- Use the [Change Request Form](#) to update active counselor contact info displayed on FLH by completing section 3.0: Counselor Site Assignments

UPDATE ALL COUNSELOR’S FLH CONTACT INFO FOR SITE? Yes <input type="checkbox"/> No <input type="checkbox"/>	WITHDRAWING COUNSELOR’S NAME	NAME OF NEW CONTACT PERSON FOR SITE	SITE NAME REQUIRING UPDATE TO PRIMARY CONTACT PERSON	* SITE’S NEW PRIMARY CONTACT INFO TO DISPLAY ON FIND LOCAL HELP	
				EMAIL	PHONE NUMBER
Yes <input type="checkbox"/> No <input type="checkbox"/>	Example: Jane Doe	John Smith	Field Office North	jsmith@email.com	(555) 555-0001
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Yes <input type="checkbox"/> No <input type="checkbox"/>					

Need Help? Contact: **In-Person Assistance Support** at enrollmentassistancesupport@covered.ca.gov or **Navigator Program Support** at NavigatorProgram@covered.ca.gov