

Department of State
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Sequence Number: 09-09-12
 Rule ID(s): _____
 File Date: 9/25/12
 Effective Date: 9/25/12

Filing Form for Stay of Effective Date on Rules, Withdrawal of Stay, and Withdrawal of Rules

Agency/Board/Commission:	Tennessee Department of Human Services
Division:	Family Assistance Division
Contact Person:	Bill Russell
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Type of Action on Rule:

 Stay of Effective Date of Rules

Rule Filing Date: (mm/dd/yy)
 Rule Original Effective Date: (mm/dd/yy)
 Length of Stay (not to exceed 75 days): _____
 New Effective Date of Rule Filing: (mm/dd/yy)

 Notice of Withdrawal of Stay

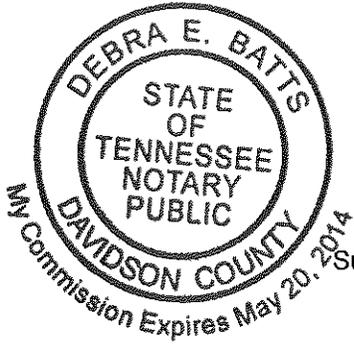
Stay Filing Date: (mm/dd/yy)
 Stay Effective Date: (mm/dd/yy)
 New Effective Date of Rule Filing: (mm/dd/yy)

 X **Notice of Withdrawal of Rules**

Rule Filing Date: 04/27/12
 Rule Effective Date: 10/09/12

Rule(s) (ALL chapters and rules contained in filing must be listed here. If needed, copy and paste additional tables to accommodate multiple chapters. Please enter only **ONE** Rule Number/Rule Title per row)

Chapter Number	Chapter Title
1240-01-04	Financial Eligibility Requirements
Rule Number	Rule Title
1240-01-04-.02	Resource Eligibility Standards - Food Stamps/AFDC



Date: September 25, 2012

Signature: Bill Russell

Name of Officer: Bill Russell

General Counsel

Title of Officer: Tennessee Department of Human Services

Subscribed and sworn to before me on: September 25, 2012

Notary Public Signature: Debra E. Batts

My commission expires on: May 20, 2014

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Filed with the Department of State on: 9/25/12

Tre Hargett
Secretary of State