



Si Ud. necesita este formulario en español, comuníquese con un trabajador(a). Intérpretes están disponibles gratuitamente

New Mexico Human Services Department - Income Support Division

Program Application

You have the right to file your application today, please do not delay. SNAP/food benefits start from the date you apply. To begin the process, you only need to fill out sections 1 through 4 and sign. To receive help you must complete the whole application.

- ▶ **Tell Us If You Need:** Help Filling out the Application? Free Language Help? A Telephone Interview?
- ▶ **Telephone Interview Reasons (check one):** Disability Illness
- Age 60+ Working 20 or more hours/week Caring for a Child Under Age 6 Caring for Others
- Live too Far from Office Transportation Bad Weather Other:

1. Name and Contact Information

Your Name	Email Address			Best Time to Contact You
Home Address – Physical Address	City	State	Zip Code	Best Telephone Contact # ()
Mailing Address if Different from Home Address <input type="checkbox"/> Same	City	State	Zip Code	

2. Program Worksheet

✓ **Check the Programs You Want to Apply For** ▶ SNAP/Food Medical Cash Energy

To help us decide which programs you might be eligible for, please respond to the following for you and everyone living with you:

SNAP/food ✓ **Check** ▶ Adult(s) living with Child(ren) Adult(s) Only Disabled Adult(s)– Getting SSI



Fill out this worksheet to see if you can get SNAP benefits faster. This is called expedited service. If you are denied expedited service you can ask to speak with a supervisor.

- Will your monthly income be LESS than \$150 **and** money in the bank or cash be LESS than \$100? YES NO
- Will your monthly home and utility costs be MORE than your income, cash and money in the bank? YES NO
- Is your household a migrant or seasonal farm worker household with very little money? YES NO

EBT (Electronic Benefits Transfer): Do you have an EBT Card? YES NO

✓ **Check** ▶ Family with Child(ren) Child(ren) Only Pregnant Women Women's Family Planning



Disabled & Working Getting Medicare Lost Medicaid Lost SSI

Adult(s) need Health Insurance - State Coverage Insurance (SCI) Immigrant Emergency Services (EMSA)

Note: If you would like to apply for Nursing Home or In-Home Care Medicaid ask for a different application form.

✓ **Check** ▼ **Cash** Family with Children Pregnant Women – at least 6 months pregnant



- Lost Cash Assistance – Working Families with Children
- Disabled Adult(s) **NOT** getting Disability Income
- Living in an Adult Residential Care Home

✓ **Check** ▼ **Energy** Paying for Home Heating or Cooling Costs



- Home Heating or Cooling Included in Rent

Date you last got LIHEAP _____

3. Person to Represent You (Authorized Representative)

Do you want someone you know to help you: apply for benefits use your benefits?

Name of Authorized Person	Mailing Address	Best Telephone Contact # ()
---------------------------	-----------------	---------------------------------



Special Needs Information: If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

Your Civil Rights: All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the SNAP/food program may be filed with the USDA, Director, Office of Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). 09/2/09

OFFICE USE ONLY	Application Date:	Received: <input type="checkbox"/> Person <input type="checkbox"/> Drop Box <input type="checkbox"/> Fax <input type="checkbox"/> Mail/E-mail	Date Screened:	Expedited SNAP Eligible: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Renewal If No, did the applicant (in person) want a Supervisor Meeting <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Energy (LIHEAP) Crisis: <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Completion Date:	Caseworker Name (Print) and Signature:	

4. You and People Who Live with You

Please list everyone that lives in your household even if you do not want to apply for them. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. Remember that you do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask a caseworker.

► **List names and information for yourself and all the people who live with you:**

Fill out this section for each person only if they are asking for help.

Name (First and Last)	Relationship	Sex M/F	Date of Birth	Race & Ethnicity (Optional)	Are you asking for help for this person?	Citizenship Immigration Status 1-14 (See Below)	Social Security Number
1.	(Self)				<input type="checkbox"/> YES <input type="checkbox"/> NO		
2.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
3.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
4.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
5.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
6.					<input type="checkbox"/> YES <input type="checkbox"/> NO		
7.					<input type="checkbox"/> YES <input type="checkbox"/> NO		

► **Citizenship/Immigration Status:** For each person applying for help, choose from the numbers below that best describes their U.S. Citizenship or Immigration Status and write the number above.

- | | | | |
|-------------------------------|-------------------------------------|------------------------------|------------------------------------|
| 1 – U.S. Citizen | 2 – Lawful Perm Resident (LPR) | 3 – Refugee | 4 – Asylee |
| 5 – Cuban Haitian Entrants | 6 – Amerasians | 7 – Paroled to U.S. – 1 year | 8 – Withholding of Deportation |
| 9 – Battered Woman/Children | 10 – Veterans, Active Duty Military | 11 – Hmong or Laotian Tribe | 12 – Canada/Mexico Native American |
| 13 – Human Trafficking Victim | 14 – Other | | |

► **Please answer either “Yes” or “No” to each item below about you and all people living with you:**

- | | |
|--|---|
| ▪ Disabled? <input type="checkbox"/> YES <input type="checkbox"/> NO Who: _____ | ▪ College student(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Buying and preparing meals with others? <input type="checkbox"/> YES <input type="checkbox"/> NO | ▪ Disqualified from assistance programs? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Getting benefits in another state? <input type="checkbox"/> YES <input type="checkbox"/> NO | ▪ Voluntary quit job(s) in the last 60 days? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Living on a Native American Reservation? <input type="checkbox"/> YES <input type="checkbox"/> NO | ▪ Worker(s) on strike or lockout? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Getting Native American Food Commodities? <input type="checkbox"/> YES <input type="checkbox"/> NO | ▪ In violation of probation or parole? <input type="checkbox"/> YES <input type="checkbox"/> NO |
| ▪ Paying room and board? <input type="checkbox"/> YES <input type="checkbox"/> NO | ▪ Fleeing felon(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO |

To lock in your application date, you only need to fill out sections 1 through 4, sign below and turn it in. To receive help you must complete the whole application and turn it in.

► **Sign Here X** _____

Today's Date _____

5. Income

Gross income is counted to determine your eligibility for assistance. Gross income means a household's total income before deductions.

► **Check any income you may have including benefits for you and all people living with you:**

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Self Employment | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Cash Assistance | <input type="checkbox"/> Child Support | <input type="checkbox"/> Social Security | <input type="checkbox"/> Retirement |
| <input type="checkbox"/> Annuities | <input type="checkbox"/> Dividends/Interest | <input type="checkbox"/> Veterans | <input type="checkbox"/> Military |
| <input type="checkbox"/> Tribal Monies | <input type="checkbox"/> Rental Income | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

► **List all the income information for you and each person living with you:**

Person with Income	Income from?	\$ Monthly Amount Before Tax Deductions	How Often Received? Daily, Weekly, Biweekly, Monthly, Semi Monthly
		\$	
		\$	
		\$	
		\$	

6. Things you Own (Resources/Assets)

Fill this out if you are applying for SNAP/food, cash or medical assistance for elderly/disabled – Certain resources/assets such as bank accounts may count toward your eligibility depending on which program you are applying for. Certain resources/assets may not count, such as a home and lot where you live and the resources of people who receive Supplemental Security Income (SSI).

► Check all of the items that apply to you and all people living with you:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Cash on Hand | <input type="checkbox"/> CD – Certificate of Deposit | <input type="checkbox"/> Royalties | <input type="checkbox"/> Life or Burial Insurance |
| <input type="checkbox"/> Checking Account | <input type="checkbox"/> Stocks or Bonds | <input type="checkbox"/> Livestock | <input type="checkbox"/> House/Land - Not Occupying |
| <input type="checkbox"/> Savings Account | <input type="checkbox"/> Retirement Account | <input type="checkbox"/> Recreation Vehicles | <input type="checkbox"/> Trust(s) |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Other: _____ | | |

► Did you or anyone living with you transfer anything of value to others in the last 5 years (60 months)? YES NO

► Describe all of the items from above that are owned or were transferred by you and all the people living with you:

Items	Who Owns them?	\$ Value	Bank or Company Name?
		\$	
		\$	
		\$	
		\$	
		\$	

7. Monthly Expenses

To get the most benefits you are eligible for, list all your MONTHLY out-of-pocket expenses.

► Fill this out if you are applying for SNAP/food, medical, cash and energy assistance:

- | | |
|--|---|
| ▪ Child Care ► <input type="text" value="\$"/> | ▪ Adult Dependent Care ► <input type="text" value="\$"/> |
| ▪ Do you get Child Care Assistance from CYFD? <input type="checkbox"/> YES <input type="checkbox"/> NO | If Yes, how much do you pay out of your pocket? <input type="text" value="\$"/> |

► Fill this out if you are applying for SNAP/food:

- | | |
|---|---|
| ▪ Medical for Elderly/Disabled including Medicare ► <input type="text" value="\$"/> | ▪ Court Ordered Child Support ► <input type="text" value="\$"/> |
| ▪ Mortgage ► <input type="text" value="\$"/> | ▪ Home Insurance Not included in Mortgage ► <input type="text" value="\$"/> |
| ▪ Property Taxes Not included in Mortgage ► <input type="text" value="\$"/> | ▪ Rent ► <input type="text" value="\$"/> |
- Check any of the boxes that best describes your rent type ► Homeless Public Housing Includes Utilities Living with others
- | | |
|--|--|
| ▪ Heating and Cooling ► <input type="text" value="\$"/> | Lifeline/Link-Up: You may be eligible for telephone discounts on monthly service and initial telephone installation or activation fees. Contact your telephone provider for more information:
▪ Telephone Company Name ► _____ |
| ▪ Water, Sewer and Trash ► <input type="text" value="\$"/> | |
| ▪ Telephone ► <input type="text" value="\$"/> | |

► Fill this out if you are applying for LIHEAP energy assistance:

- How much was your highest energy bill in the last 12 months? ▪ Do you have a disconnect notice? YES NO

▼ Select the type of LIHEAP payment you want ▼

- Electric Propane Wood Natural Gas
 Pellets Coal Other: _____

Company Name: _____

Account Number: _____

Account Name: _____

8. School Attendance

Fill this out if you are applying for SNAP/food and/or cash; list all Student information for Each Household Member.

Name of Student	Name of School	Graduation Date	Grade
			<input type="checkbox"/> K – 12 <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> College
			<input type="checkbox"/> K – 12 <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> College
			<input type="checkbox"/> K – 12 <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> College
			<input type="checkbox"/> K – 12 <input type="checkbox"/> GED <input type="checkbox"/> Certificate <input type="checkbox"/> College

9. Medical Health Insurance Coverage

Fill this out if you are applying for medical assistance – By accepting medical assistance, you assign (give) HSD all rights to medical support and to payment for medical care from a third party. A third party can include an insurance company or another person who must pay for your medical care and services. You must help HSD find out about any third parties who may have to pay for your medical care. If you don't help HSD find out about these third parties, you may not be approved or parents may lose their medical assistance, unless you show a good reason for not helping HSD.

► Have you or anyone that lives with you recently dropped health insurance in the last 6 months? YES NO

► If yes, what is the date it was dropped? For whom? _____

► Explain the reason insurance was dropped: _____

► Do you have any unpaid bills for medical services received in the last 3 months? YES NO

► List all private health insurance and Medicare information for you and all people living with you: _____

Persons Covered	Insurance Company Name	Member ID #	Start Date

10. Parent(s) Not Living at Home

Fill this out if you are applying for cash or medical assistance. By accepting cash or medical assistance, you assign (give) HSD rights to collect child support from the child's absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so, such as domestic violence; ask a caseworker. If it is decided that you have to work with the Child Support Office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.

► Please list all the information for Absent Parents not living with their Children:

Absent Parent(s) Name	His/Her Children's Names	Absent Parent Address	Absent Parent Employer

11. Register to Vote

If YOU are NOT registered to vote where you live now, **Would you like to register to vote here today?** (Please check one) YES NO

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.

Signature	Date
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CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential. IF YOU BELIEVE THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM, 87503, (phone: 1-800-477-3632).

12. Your Application Signature

Your signature makes this application valid and cannot be processed unless signed. Your signature also is an indication of the following:

- I understand that making false statements or hiding information could mean State and Federal penalties and I have given HSD true, correct and complete information.
- I am declaring the identity of the children under age 16 for whom I am applying.
- I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people, and companies to get proof.
- I will let HSD give limited information to approved agencies which give other related help for which I may be eligible.
- I understand that if I receive benefits for which I am not eligible, that I may have to pay HSD back for those benefits.
- I know that HSD will check the information that I give. HSD may use computers or other means to check the information on this form.
- I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration status for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household's eligibility and level of benefits.
- I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.
- I have been given an information sheet explaining my rights and responsibilities including, expedited SNAP/food assistance, SNAP/food penalties and program violations, fair hearing rights and more. I understand that these will also be explained to me during my appointment for an interview.

To withdraw your application for any program, initial the box of the program ► SNAP/food Medical Cash Energy

I affirm under penalty of perjury that the statements made about persons in my home, income, and all other information I have given HSD are true and correct. Your authorized representative may also sign here.

► Sign Here X _____

Today's Date _____



Program Application Information

(Applicant Information Pages)

1. Special Needs Information



If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

2. Your Civil Rights

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the SNAP/food program may be filed with the USDA, Director, Office of Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-8940 (TDD). (09/2/09)

3. Your Privacy

The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs or other means. This information will also be used to make sure that you meet program rules and help us to manage the program.

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.

If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

Providing the requested information, including Social Security Numbers of each household member is voluntary. However, each person applying for assistance must give a Social Security Number or it will result in the denial of program benefits to each individual applicant failing to give a Social Security Number. Non-Citizen Immigrants not requesting assistance for themselves do not need to give immigration status information or Social Security Numbers. Any Social Security Numbers given will be used and disclosed in the same manner as Social Security Numbers of eligible household members.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.

4. Child Support Enforcement Division

By accepting cash or medical assistance, you assign (give) HSD rights to collect child support from the child's absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so such as domestic violence; ask a caseworker. If it is decided that you have to work with the Child Support office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.

5. Interview

(a) *How soon can I have an appointment for an interview?*

- Within 10 working days for SNAP/food and cash assistance, or for expedited SNAP/food assistance, the day you turn in your application
- Certain Medical assistance programs do not require an interview

(b) *May I have a telephone interview?*

You may have a telephone interview for any of these reasons:

- | | | | |
|----------------------------|---------------------------------|----------------------------------|---------------------|
| ▪ Age 60+ | ▪ Working 20 or more hours/week | ▪ Disability | ▪ Illness |
| ▪ Live too Far from Office | ▪ Transportation | ▪ Caring for a Child Under Age 6 | ▪ Caring for Others |
| | | ▪ Bad Weather | ▪ Other Hardships |

6. Proof Information

(a) *How many days will I have to give all the proof I need?*

- 10 days from the date of your interview is best to receive benefits faster
- 30 days from the date of your application is typical – unless you need more time – If you need more time, ask for more time
- 60 days from the date of your application is the longest – **When you ask** for up to 3-ten-day extensions

If you do not ask for an extension of time to bring in proof, your case may be denied after 30 days.

(b) *What **proof** should I bring to the interview?*

During your interview appointment, your caseworker will ask you questions to determine if you are eligible for the programs for which you have applied. Your caseworker will **NOT** ask you to give proof of everything. You should be ready to give as many facts about your case as you can. Please refer to the chart called, Examples of Proof as a general guide to help you decide which proof items you will need. If your caseworker has unresolved questions about your eligibility, you will be asked to give proof. Your caseworker will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask your caseworker for help.

Examples of Proof

You do **NOT** have to give us all the items listed below; they are only examples. When you need to give proof, you only need to give one type from the examples below. If your caseworker has unresolved questions about your eligibility, you will be asked to give proof. Your caseworker will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask your caseworker for help.

	SNAP/food	Medical			Cash	Energy/LIHEAP					
		Family or Adult	Child Only	Elderly/Disabled							
▪ Where you Live	✓	✓	✓	✓	✓	✓	Utility bill, Rent agreement, letter addressed to you at your address				
▪ Social Security Number							Social Security card or letter from the Social Security Administration (SSA) with your name & number				
▪ Identity	✓	✓	✓	✓	✓	✓	<p>You may give any of these if they prove identity, relationship or age: Driver's License, Social Security card, Birth or baptism certificate(s), Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records or family bible, letter from a Dr., religious or school official, or someone who knows you, the child's relationship to you and knows the child's date of birth.</p> <p>Note: The Medicaid program will require specific identification proof.</p>				
▪ Relationship					✓						
▪ Age			✓								
▪ U.S. Citizenship		✓	✓	✓			<p>Most programs do not require proof of U.S. Citizenship. For medical assistance, the federal government now requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Proof of Citizenship and ID together</th> <th style="width: 50%;">Proof of Citizenship Alone</th> </tr> <tr> <td> <ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) </td> <td> <ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give your caseworker your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p> </td> </tr> </table>	Proof of Citizenship and ID together	Proof of Citizenship Alone	<ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) 	<ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give your caseworker your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p>
Proof of Citizenship and ID together	Proof of Citizenship Alone										
<ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) 	<ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give your caseworker your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p>										
▪ Immigrant Status	✓	✓	✓	✓	✓	✓	If you are an immigrant applying for assistance, you will have to provide original USCIS (formally the INS) records.				
▪ Disability				✓	✓	✓	Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.				
▪ Pregnancy		✓			✓		Medical records that say when your baby is due				
▪ School Attendance							Current report card or letter from the school saying whether your child is attending school				
▪ College Student	✓				✓		Letter from the college saying that you are either a part-time or full-time student				
▪ Student Financial Aid	✓	✓	✓	✓	✓	✓	Letter from the financial aid office stating what types and amounts of financial aid you get and the costs you will have to pay for your schooling				
▪ Income the most recent 30-day period or all from last month	✓	✓	✓	✓	✓	✓	<p>Earned Income: Check-stubs, a letter from the employer with the hours you will work and the pay you will get. If you are self employed, you may give your caseworker a copy of your income tax forms, business records or personal wage records.</p> <p>Unearned Income: Copies of your check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc.</p>				
▪ Loss of a Job (60 days)	✓	✓	✓	✓	✓	✓	Letter from the employer				
▪ Value of Things You Own				✓			Resources/Assets: Recent bank statement or letter of value				
▪ Things You Transferred	✓	✓		✓	✓		Recent statement or letter of value				
▪ Health Insurance		✓	✓	✓			ID card or letter from your insurance company				
▪ Medicare Part A				✓			ID card or letter from Social Security Administration				
▪ Child Support Paid	✓						If you want a deduction for child support you pay, give proof of both the legal responsibility to pay and the amount paid. Any court or administrative order, or legal separation agreement may be used. For proof of the amount, use cancelled checks, wage withholding statements, verification of withholding from unemployment compensation or written statements from the custodial parent.				
<p>Optional Proof – Below is a list of optional proof items that may help you can get the most benefits for which you are eligible. If there is no check in the box below then no proof is needed. To get credit, just tell us what you pay each month. You will only have to give proof if your caseworker has unresolved questions about your costs. If you are applying for energy/LIHEAP, please provide a copy of your heating/cooling cost. If you need help, ask your caseworker for help.</p>											
▪ Child/Adult Care Costs		✓	✓				<p>You may give any of these if they prove your out-of-pocket costs: Agreement, computer printout, money order, letter from the person you pay, divorce or separation papers, statements, receipts, canceled check, copy of a check.</p>				
▪ Medical Costs Elderly or Disabled only	✓			✓							
▪ Home Rent/Owner Costs											
▪ Heating/Cooling Costs						✓					

7. Non-Citizen Immigrant Eligibility

(a) What types of Non-Citizen Immigrants are eligible for HSD assistance programs?

For most programs, non-citizens must have a "qualified" immigrant status and meet certain other conditions to qualify. Most non-citizens in the following categories can get benefits if they meet all other program eligibility requirements:

- | | | | |
|----------------------------|--------------------------------------|----------------------------------|--------------------------|
| ▪ Lawful Perm. Res. (LPRs) | ▪ Refugees | ▪ Asylees | ▪ Cuban Haitian Entrants |
| ▪ Amerasians | ▪ Paroled to U.S. – 1 year | ▪ Withholding of Deportation | |
| Certain: | | | |
| | ▪ Battered women and children | ▪ Veterans, active duty military | ▪ Hmong or Laotian Tribe |
| | ▪ Canada/Mexico born Native American | ▪ Human Trafficking Victims | |

Certain non-citizens, including undocumented non-citizens may be eligible for emergency medical services including pregnant women's labor and delivery.

(b) Is there a waiting period (bar) before non-citizen immigrants can get benefits?

The general rule now is that most qualified immigrant children are eligible to receive SNAP/food, Medical, Cash and Energy Assistance. However some "qualified" immigrant adults can get benefits after they have been in the United States in "qualified" immigrant status for five years, and some immigrants can get them right away. In general, adults in certain humanitarian immigration categories (such as Refugees and Asylees), people with military connections, credit for 10 years of work history in the US, and persons receiving disability benefits may be eligible right away.

8. After your Interview

(a) How soon will my application be approved or denied?

- **SNAP/food** – No later than 30 calendar days after the date of application, or expedited SNAP/food - 7 calendar days
- **Medical** – No later than 45 calendar days after the date of application
- **Cash** – No later than 30 calendar days after the date of application, or up to 90 days for General Assistance disability decisions
- **Energy/LIHEAP** – No later than 30 calendar days after the date of application, or shut-off/disconnect crisis – 48 hours

(b) If I disagree with the eligibility decision or benefit level, can I have fair hearing?

Yes - If you don't agree with a decision we make about your case, you can ask for a fair hearing in person, by telephone 1-800-432-6217 or (505) 827-8164, or in writing within 90-days of the date that a notice has been sent informing you of any action that has been taken on your case. Please mail your request to the HSD Hearing's Bureau at PO Box 2348 Santa Fe, NM 87504. You have a right to look at your case file and any records HSD used to determine your eligibility before your hearing. You can ask a household member or someone else like a friend or relative to represent your household at the fair hearing. You also have the right to have an attorney or other legal representative at the hearing.

(c) From what date are my benefits calculated?

- **SNAP/food** – From the date you applied
- **Medical** – From the 1st day of the month you applied. You may be eligible for up to 3 prior months of Medicaid coverage. SCI coverage begins the month after you are approved and enrolled in a health plan.
- **Cash** – On the date HSD approves your application or the 30th day from the date of application, whichever is earlier
- **Energy/LIHEAP** – On the date HSD verifies your account with your energy provider

(d) How will I get my benefits?

- **Medical** - A Medicaid card will be mailed to you one working day after the date of approval. For SCI, your SCI medical card will be mailed to you after you are enrolled.
- **Energy/LIHEAP** - Your payment will be sent directly to your energy provider 7-days from the date HSD verifies your account information with your energy provider. For a shut-off/disconnect crisis, HSD will call your energy provider to help you avoid shut-off.
- **SNAP/food and Cash** – HSD uses an electronic debit card system called EBT to give you your cash and SNAP/food assistance benefits. If you have never had an EBT card, an EBT card will be mailed to your address in one working day after the date you apply and after your application is registered on the computer. If your EBT card is delayed you may request a card from your local ISD office. You may call EBT Customer Service 24 hours 7- days/week at 1-800-843-8303 to order a replacement or activate your EBT card.

Each month your cash benefit will be deposited in your EBT account on the first day of the month. Your SNAP/food benefits will be deposited in your EBT account on the day of the month in the box below that lists the last two digits of the head of household's social security number.

SNAP/food Assistance Issuance Schedule

Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN
	11		01		12		02		13		03		14		04		15
	31		21		32		22		33		23		34		24		35
1	51	2	41	3	52	4	42	5	53	6	43	7	54	8	44	9	55
	71		61		72		62		73		63		74		64		75
	91		81		92		82		93		83		94		84		95
	16		06		17		07		18		08		19		09		10
	36		26		37		27		38		28		39		29		30
11	56	12	46	13	57	14	47	15	58	16	48	17	59	18	49	19	50
	76		66		77		67		78		68		79		69		70
	96		86		97		87		98		88		99		89		90

(e) *How long can I get benefits before I have to renew them?*

- **SNAP/food** – Up to 12 months is typical or 24 months for elderly/disabled households with stable unearned income such as Social Security
- **Medical** – Up to 12 months is typical
- **Cash** – Up to 12 months at a time is typical. Adults age 18 and over can receive TANF benefits for no more than 60 months during their lifetime, unless they qualify for a hardship extension after they reach the limit. A child living with a parent who is ineligible due to the time limit is ineligible for TANF as a child. The 60-month limit does not apply to cases where the children qualify for TANF and the parent is ineligible for a reason other than the 60-month limit, such as receipt of SSI or an unqualified immigrant status. The 60-month limit does not apply to medical or SNAP assistance.

(f) *Do I have to report changes? Always report **address changes** within 10 calendar days for all types of assistance programs.*

- **SNAP/food and Cash** - Changes in household members, monthly household costs, income/job and resources:
Report these types of changes within 10 calendar days from the date the change happened only if:
 1. the change(s) will cause your case to close; or
 2. the change(s) will cause your benefits to increase
- **Semi-Annual Reporting:** Most households will be mailed a semi-annual report where all changes must be reported and given to ISD.
- **Annual Reporting:** Households that get fixed income like Social Security will be mailed an annual report where all changes must be reported and sent to the ISD office.
- **Regular Reporting:** There are few households that have to report changes as they happen. These households must report all changes within 10 calendar days from the date the change happened.
- **Medical** – For Elderly and Disabled persons, report all changes within 10 calendar days. For families with children, you only have to report address changes within 10 calendar days. All other changes will have to be reported the next time you renew your case.

(g) *Will I have to take part in a Work Program?*

- **SNAP/food** – Yes, unless you are excused or exempt, household members age 16 to 59 will be registered for work with the Employment and Training (E&T) Program. You may be contacted by the New Mexico Works (NMW) service provider. When you have not been excused (exempt) and you do not complete or report your work activity, you can lose some or all of your food benefits for yourself. This is called a disqualification. A disqualification will reduce your benefits for each household member that did not complete their work activity in the following three ways: **1st disqualification – for at least 3 months; 2nd – for at least 6 months; and the 3rd – for at least 1 year.** When you meet the following situations, you may be excused:

▪ Caring for a child under 6 or a disabled person	▪ Receiving Unemployment Compensation	▪ Physically or mentally unfit for employment
▪ College student(s) enrolled at least part-time	▪ Complying with TANF/NMW Program	▪ Participating in a drug/alcohol treatment program
▪ Employed at least 30 hrs./wk or receiving weekly earnings = to the Federal min. wage x 30 hours	▪ 16 or 17, not the head of household and enrolled in school	

- **Cash** – Yes, unless you are excused or exempt, adults getting TANF cash assistance must work or participate in approved work activities. You may be contacted by the New Mexico Works (NMW) service provider. When you have not been excused and you do not complete or report your work activity, you can lose some and eventually all of your cash assistance. This is called a sanction. The first time, we will want to talk with you to try and correct the sanction before it happens; this is called conciliation. A sanction will reduce your benefits in the following three ways: **1st Sanction – 25% cash reduction; 2nd – 50% cash reduction; and the 3rd – Case Closure.** When you meet any of the following situations, you may be excused only after HSD reviews and approves your request to be excused:

▪ Single Parent Caring for a Child under 12 Months Old – 1 time limited	▪ Temporary Personal Situations – Up to 30 days
▪ Age 60 or Older	▪ Disabled
▪ Pregnant in Third Trimester	▪ Caring for a Disabled Household Member
▪ Single Parent caring for a Child under 6 years old (no childcare)	▪ Domestic Violence (Family Violence Option)

(h) *What types of support services can I get?*

The NMW service provider will refer you to supportive services such as child care, transportation, English as a Second Language, getting your GED, college or vocational school, substance abuse and domestic violence counseling/services.

9. Penalties for SNAP/food Assistance Violations

You must not give false information or hide information to get SNAP/food assistance, including EBT cards. You must not trade or sell your EBT card or your PIN. You must not allow a retailer to debit your EBT account in exchange for cash. You must not change EBT cards to get SNAP/food assistance you are not eligible to receive. You must not use your SNAP/food assistance benefits to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's EBT card for your household.

Anyone intentionally breaking any of these rules could be barred from receiving SNAP/food assistance for 12 months (1st violation); barred for 24 months (2nd violation); barred permanently (3rd violation); subject to \$250,000 fine, imprisoned up to 20 years, or both; suspended for an additional 18 months. Anyone intentionally breaking these rules could also be prosecuted under other federal and state laws containing criminal penalties.

Anyone who intentionally gives false information or hides information about identity or residence to get SNAP/food assistance in more than one household at the same time could be barred for 10 years.

Anyone convicted of trading food stamps for a controlled substance could be barred from receiving SNAP/food assistance for 24 months (1st violation) and barred permanently (2nd violation).

Anyone convicted for trading SNAP/food for firearms, ammunition, or explosives could be barred permanently (1st violation). Anyone convicted for trading or selling SNAP/food assistance of \$550 or more and anyone convicted of a drug-related felony could be barred permanently.

(Applicant Information Pages)