



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? Transportation Disability Accommodation Language

Tell us why you prefer a telephone interview (check one): Age 60+ Working 20 or more hours/week Live too Far from Office Disability Caring for a Child Under Age 6 Bad Weather Illness Caring for Others Other:

1. Name and Contact Information

Form with fields for Your Name, Email Address, Best Time to Contact You, Home Address - Physical Address, City, State, Zip, Best Telephone Contact #, Mailing Address if Different from Home Address, Same, City, State, Zip Code

2. Program Worksheet

Check the Programs You Want to Apply For



To help us decide which programs you might be eligible for, please check the box that describes you and everyone living with you:

Check Adult(s) living with Child(ren) Adult(s) Only Disabled Adult(s)

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.

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

Office Use Only 1. Amount of Income: \$ + Amount of Resources \$ = \$
2. Amount of Rent/Mortgage \$ + Utility Costs or SUA \$ = \$

If your EBT card is lost or does not work or you don't remember your PIN, please call JP Morgan Customer Service Desk at 1-800-843-8303 or 1-800-283-4465.

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 (800) 795-3272 or (202) 720-6382 (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). 09/02/09

OFFICE USE ONLY Application Date: Received: Date Screened: Barriers Discussed/Accommodations Offered
Expedited SNAP Eligible: If No, did the applicant (in person) want a Supervisor Meeting Energy (LIHEAP) Crisis:
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 ISD.

If needed, please use an additional sheet of paper for additional household members who do not fit on this page.

Please provide information for each person only if they are asking for help.

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

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/Removal |
| 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                          |
| ▪ Pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO                                 | If pregnant what is the due date? _____   |

## 5. 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 & Federal penalties & 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 & I will let HSD contact other people & 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

## 6. Income

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

► **Examples of Income you and all people living with you may have:** Employment, Self Employment, Workers Compensation, Unemployment, Cash Assistance, Child Support, Social Security, Retirement, Annuities, Dividends/Interest, Veterans, Military, Tribal Monies or Rental Income.

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

You must send proof of all earned income received for the last 30 days by people in your household.

Person with Income	Income from?	\$ Monthly Amount Before Tax Deductions	How Often Received? (mark one selection below)
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other
		\$	Daily, Weekly, Every 2 weeks, Monthly, Twice a Month, Other

## 7. 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).

**Examples of things you own include:** Cash on Hand, CD – Certificate of Deposit, Royalties, Life or Burial Insurance, Checking Account, Stocks or Bonds, Retirement Account, Livestock, House/Land - Not Occupying, Savings Account, Recreation Vehicles or Trust(s)

► 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?
		\$	
		\$	
		\$	

## 8. 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 or Cash:

- Child Care or Adult Dependent Care  \$  ▪ Mileage roundtrip for daycare/dependent care
- Do you get Child Care Assistance from CYFD?  YES  NO If Yes, how much do you pay out of your pocket?  \$

▼ Fill this out if you are applying for SNAP/Food: ▼

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>▪ Rent you pay (include rent for trailer &amp; trailer space) <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Check any of the boxes that best describes your rent type<br/> <input type="checkbox"/> Homeless <input type="checkbox"/> Public Housing <input type="checkbox"/> Includes Utilities <input type="checkbox"/> Living with others <input type="checkbox"/> HUD Section 8</li> <li>▪ Mortgage ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Property Taxes Not included in Mortgage ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Home Insurance Not included in Mortgage ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> </ul> | <ul style="list-style-type: none"> <li>▪ Heating and Cooling ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Water, Sewer and Trash ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Medical for Elderly/Disabled Include Medicare ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Court Ordered Child Support ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Telephone ► <input style="width: 100px;" type="text"/> \$ <input style="width: 100px;" type="text"/></li> <li>▪ Telephone Company Name ► <input style="width: 100px;" type="text"/></li> </ul> |
|--|--|

**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:

► 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:

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## 9. 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	Education Level
			<input type="checkbox"/> K - 12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate
			<input type="checkbox"/> K - 12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate
			<input type="checkbox"/> K - 12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate
			<input type="checkbox"/> K - 12 <input type="checkbox"/> GED <input type="checkbox"/> College/Certificate

## 10. 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: \_\_\_\_\_

Please list members who have any unpaid bills for medical services received in the last 3 months. Please indicate for whom and for which month(s):

▶ 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

## 11. 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 ISD.** 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

## 12. 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 \_\_\_\_\_

**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).**

OFFICE  
 USE  
 ONLY



# 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). (09/02/09)

## 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 & 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. (10/23/2009)

## 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 ISD. 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 working days from the date of your interview is best to receive benefits faster
- 30 working days from the date of your application is typical – unless you need more time – If you need more time, ask for more time
- 60 working 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 on the 30<sup>th</sup> day.**

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

During your interview appointment, we will ask you questions to determine if you are eligible for the programs for which you have applied. ISD 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 ISD has unresolved questions about your eligibility, you will be asked to give proof. ISD 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 us 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 ISD has unresolved questions about your eligibility, you will be asked to give proof. ISD 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 us 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.				
▪ Identity	✓	✓	✓	✓	✓	✓	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. <b>Note:</b> The Medicaid program will require specific identification proof.				
▪ Relationship					✓						
▪ Age			✓								
▪ U.S. Citizenship		✓	✓	✓			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.  <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"> <li>▪ A Passport</li> <li>▪ A certificate of naturalization (Form 550 or N-570)</li> <li>▪ A certificate of U.S. Citizenship (N-560 or N-561)</li> <li>▪ A certificate of Indian Blood (CIB)</li> </ul> </td> <td> <ul style="list-style-type: none"> <li>▪ U.S. birth certificate</li> </ul>                     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 ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.                 </td> </tr> </table>	Proof of Citizenship and ID together	Proof of Citizenship Alone	<ul style="list-style-type: none"> <li>▪ A Passport</li> <li>▪ A certificate of naturalization (Form 550 or N-570)</li> <li>▪ A certificate of U.S. Citizenship (N-560 or N-561)</li> <li>▪ A certificate of Indian Blood (CIB)</li> </ul>	<ul style="list-style-type: none"> <li>▪ U.S. birth certificate</li> </ul> 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 ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.
Proof of Citizenship and ID together	Proof of Citizenship Alone										
<ul style="list-style-type: none"> <li>▪ A Passport</li> <li>▪ A certificate of naturalization (Form 550 or N-570)</li> <li>▪ A certificate of U.S. Citizenship (N-560 or N-561)</li> <li>▪ A certificate of Indian Blood (CIB)</li> </ul>	<ul style="list-style-type: none"> <li>▪ U.S. birth certificate</li> </ul> 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 ISD your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.										
▪ 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	✓	✓	✓	✓	✓	<b>Earned Income:</b> Check-stubs, a letter from the employer with the hours you will work and the pay you will get. If you are <b>self employed</b> , you may give ISD a copy of your income tax forms, business records or personal wage records. <b>Unearned Income:</b> 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.					
▪ 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.					
Below is a list of proof items that may help you 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 we have 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 ISD for help.											
▪ Child/Adult Care Costs		✓	✓				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.				
▪ Home Rent/Owner Costs											
▪ Heating/Cooling Costs						✓					
▪ Medical Costs Elderly or Disabled Only	✓			✓			To receive this deduction, proof of your out of pocket medical expenses must be provided.				

## 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 a 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 Fair Hearings 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 1<sup>st</sup> 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 never had an EBT card, an EBT card will be mailed to your address in one working day after your application is entered on the computer. Please see more information on the EBT card on Page 9 and 10 of the "Applicant Information Pages."

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 based on the last two digits of the head of household's social security number. Please see page 10 of the "Applicant Information Pages" to review the issuance schedules.

(Applicant Information Pages)

(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 request to voluntarily participant in a work activity through the E&T Program. Whether or not you choose to participate in the E&T Program will not affect your SNAP benefits. Participation provides you the opportunity to participate in a work readiness activity and you may receive support services and reimbursements. You may be contacted by the New Mexico Works (NMW) service provider. If 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: **1<sup>st</sup> Sanction – 25% cash reduction; 2<sup>nd</sup> – 50% cash reduction; and the 3<sup>rd</sup> – Case Closure.** If 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 – 12 month limit	▪ 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. For these and additional services where you live please visit: <http://www.hsd.state.nm.us/isd/fieldoffices.html>.

## 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.

## 10. Important Information About Your EBT Card

### (a) First EBT Card

If this is your first SNAP/Food or Cash assistance case with the New Mexico Human Services Department, your EBT card will be mailed to you on the first working day after your application is entered into the ISD computer system by the local ISD office.

You should receive your EBT card within 7 days of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from JP Morgan. To activate your card and get a PIN, please call 1-800-843-8303 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

### Important

*If you have an EBT card and order a new one, you will not be able to access your benefits until the new one is activated with a new PIN. The old card will be disabled.*

### (b) I have an EBT Card that I know works.

If you have received SNAP/Food or Cash Assistance in the past and know that your EBT card works, please let ISD know that you do not need a new card. You will be able to access your benefits once your case is approved.

If you only forgot your PIN number, but your card still works, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm, to get a new PIN. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

### (c) My EBT Card does not work.

If you have received SNAP/Food or Cash Assistance in the past and your EBT card does not work, please call the JP Morgan Customer Service Desk at 1-800-843-8303 or 1-800-283-4465. Your new EBT card will be mailed to you on the first working day after you request one from the JP Morgan Customer Service Desk.

You should receive your EBT card within 7 days of date of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from JP Morgan. To activate your card and get a PIN, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

### (d) I lost my card.

If you have received SNAP/Food or Cash Assistance in the past and your EBT card is lost, please call the JP Morgan Customer Service Desk at 1-800-843-8303 or 1-800-283-4465. Your new EBT card will be mailed to you on the first working day after you request one from the JP Morgan Customer Service Desk.

You should receive your EBT card within 7 days of date of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from JP Morgan. To activate your card and get a PIN, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

## 11. Issuance Schedules

### How will I get my benefits?

- **Cash Assistance** – Your cash benefit will be deposited in your EBT account on the first day of the month.
- **SNAP/Food** – All households will receive SNAP/Food benefits based on one of the two schedules as described below. (Standard or Combined)

#### Standard Schedule:

- You will receive your 1st month's benefits the day after your case is approved.
- You will receive your 2nd month's benefits on the 1st day of the month.
- You will receive your 3rd month's benefits within the first 10 days of the month, depending on the last two digits of your SSN.
- You will receive your 4th month's benefits within the first 20 days of the month, depending on the last two digits of your SSN. This will be your regular day of the month to receive your future SNAP/Food Stamp benefit.

**Example:** I applied for SNAP/Food benefits on January 10<sup>th</sup> and my benefits were approved on February 2<sup>nd</sup>.

For:	When will my benefits be on my EBT card?
Month of application	February 3 <sup>rd</sup>
Second Month	March 1 <sup>st</sup>
Third Month	April benefits available based on the "SNAP/Food Assistance Compressed Staggered Issuance Schedule A", shown below. Look for the last two digits of the head of household's SSN.
Fourth Month	May and ongoing benefits based on the "SNAP/Food Assistance Issuance Schedule B" shown below. Look for the last two digits of the head of household's SSN.

**Combined Schedule:** If you have applied for SNAP/Food assistance after the 15<sup>th</sup> day of any month and are approved for expedited assistance, you will receive your benefits according to the schedule below.

- You will receive your 1<sup>st</sup> and 2nd month's benefits the day after your case is approved.
- You will receive your 3<sup>rd</sup> month's benefits on the 1st day of the month.
- You will receive your 4<sup>th</sup> month's benefits within the first 10 days of the month, depending on the last two digits of your SSN.
- You will receive your 5<sup>th</sup> month's benefits within the first 20 days of the month, depending on the last two digits of your SSN. This will be your regular day of the month to receive your future SNAP/Food Stamp benefit.

**Example:** I applied for SNAP/Food benefits on January 16<sup>th</sup> and am approved for Expedited and ongoing SNAP/Food benefits on January 20<sup>th</sup>. I have provided all the required information to process my application for ongoing SNAP/Food benefits.

For:	When will my benefits be on my EBT card?
Month of application and 2 <sup>nd</sup> month	January & February available on January 21 <sup>st</sup>
Third Month	March 1 <sup>st</sup>
Fourth Month	April benefits available based on the "SNAP/Food Assistance Compressed Staggered Issuance Schedule A", shown below. Look for the last two digits of the head of household's SSN.
Fifth Month	May and ongoing benefits based on the "SNAP/Food Assistance Issuance Schedule B" shown below. Look for the last two digits of the head of household's SSN.

**Compressed Staggered and Staggered Issuance Schedules:** Your SNAP/Food benefits will be deposited in your EBT account on the day of the month as shown in the appropriate schedule below according to the last two digits of the head of household's SSN.

SNAP/Food Assistance Compressed Staggered Issuance Schedule A																			
Day	SSN	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		05
	31		21		32		22		33		23		34		24		35		25
	51		41		52		42		53		43		54		44		55		45
	71		61		72		62		73		63		74		64		75		65
1	91	2	81	3	92	4	82	5	93	6	83	7	94	8	84	9	95	10	85
	16		06		17		07		18		08		19		09		10		00
	36		26		37		27		38		28		39		29		30		20
	56		46		57		47		58		48		59		49		50		40
	76		66		77		67		78		68		79		69		70		60
	96		86		97		87		98		88		99		89		90		80

SNAP/Food Assistance Issuance Schedule B																			
Day	SSN	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		05
	31		21		32		22		33		23		34		24		35		25
1	51	2	41	3	52	4	42	5	53	6	43	7	54	8	44	9	55	10	45
	71		61		72		62		73		63		74		64		75		65
	91		81		92		82		93		83		94		84		95		85
	16		06		17		07		18		08		19		09		10		00
	36		26		37		27		38		28		39		29		30		20
11	56	12	46	13	57	14	47	15	58	16	48	17	59	18	49	19	50	20	40
	76		66		77		67		78		68		79		69		70		60
	96		86		97		87		98		88		99		89		90		80

# Register to Vote

HSD Site Code I-01

<b>PERSONAL INFORMATION</b>						This information <u>not</u> to be copied.									
1	NAME Last	First	Middle Name or Initial	Gender	Birth Date	Social Security Number									
<b>PHYSICAL STREET ADDRESS WHERE YOU LIVE NOW</b>															
2	Street Address		Apartment, Unit, or Lot #		City	Zip									
<b>ADDRESS WHERE YOU GET YOUR MAIL (if different from above)</b>															
3	Address				City	Zip	Site Code								
4	If you are changing your name on this application, under what full name were you previously registered?			Last Name - First Name - Middle Name or Initial											
<b>POLITICAL PARTY</b>			<b>DAYTIME TELEPHONE NUMBER (optional)</b>			<b>POLL WORKER</b>									
5	NOTE: You must name a major political party to vote in primary elections. ▶▶▶		Party	If you choose NO PARTY, check this box: <input type="checkbox"/>		May the County Clerk make this telephone number public for election purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO									
6	City or Township		County		Would you like to serve as an election day precinct worker? <input type="checkbox"/> YES <input type="checkbox"/> NO										
7	I hereby authorize you to cancel my previous registration in the following county and state.														
Please answer the following questions:				<b>ATTESTATION OF QUALIFICATION</b>											
8	Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			I swear/affirm that I am a citizen of the United States and a resident of the state of New Mexico, that I have not been denied the right to vote by a court of law by reason of mental incapacity that I am, or will be at the time of the next election, 18 years of age and if I have been convicted of a felony, I have completed all conditions of parole and supervised probation served the entirety of a sentence or have been granted a pardon by the governor. I further swear/affirm that I am authorizing cancellation of any prior registration to vote in the jurisdiction of my prior residence and that all the information I have provided is correct.											
	Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No			If you checked "NO" to any of the questions above, do not complete this form. If you have been convicted of a felony and are currently on parole or supervised probation do not complete this form.											
	TODAY'S DATE → Month Day Year ____/____/____			→ SIGN YOUR FULL NAME OR MARK ON THE LINE BELOW: _____											
9	Name of agent who assisted you in filling out this form.		VRA ID #												
<b>DO NOT WRITE IN SHADED AREAS - FOR OFFICIAL USE ONLY</b>															
Accepted for filing in County Registration Records				I.D.				PCT	MUN.	PRC DIST.	REP DIST.	SEN. DIST.	SCHOOL	C.C.	
Date _____				County Clerk _____				Filing Clerk _____							

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# Registrarse para Votar

HSD Site Code I-01

<b>INFORMACION PERSONAL</b>						Esta información <u>no</u> se debe copiar.									
1	NOMBRE: Apellido	Su Nombre de Pila	Otro Nombre o Inicial	Género	Fecha de Nacimiento	Número de Seguro Social									
<b>DIRECCION DONDE UD. VIVE AHORA</b>															
2	Número y Nombre de la Calle		Departamento, Unidad o # de Lote		Ciudad	Zona Postal									
<b>DIRECCION DONDE UD. RECIBE SU CORRESPONDENCIA</b>															
3	Dirección				Ciudad	Zona Postal	Site Code								
4	¿Si Ud. va a cambiar su nombre en esta solicitud, bajo que nombre completo estaba Ud. matriculado antes?			Apellido		Nombre de Pila									
Otro Nombre o Inicial															
<b>PARTIDO POLITICO</b>			<b>NUMERO DE TELEFONO EN EL DIA (opcional)</b>			<b>EMPLEADO/A EN URNA ELECTORAL</b>									
5	AVISO: Ud. tiene que indicar partido político principal para votar en la elección primaria ▶▶▶		Partido	Si Ud. NO ELIGE Partido marque aquí <input type="checkbox"/>		¿Con motivo de elecciones puede divulgar el escríbano de Condado este núm. de teléfono? <input type="checkbox"/> SI <input type="checkbox"/> NO									
6	Ciudad o División		Condado		¿Quiere Ud. trabajar en recinto electoral el día de la elección? <input type="checkbox"/> SI <input type="checkbox"/> NO										
7	Por la presente autorizo que Ud. cancele mi matrícula previa en el condado y eslabado a continuación.														
Favor de contestar las preguntas a continuación:				<b>TESTIMONIO DE CALIFICACION</b>											
8	¿Es Ud. ciudadano/a de los Estados Unidos? <input type="checkbox"/> SI <input type="checkbox"/> No			Yo juro/afirmo que soy ciudadano de los Estados Unidos y residente del Estado de Nuevo México, que la corte no me ha denegado el derecho de votar por motivo de incapacidad psicológica, que tengo o tendré 18 años de edad en la fecha de la próxima elección y si he sido condenado de delito grave he cumplido todas las condiciones de libertad a prueba o el gobernador me ha concedido indulto. Ademas, juro o afirmo que autorizo la cancelación de toda matrícula anterior con el fin de votar en el territorio de mi residencia previa, y que la información proviedo esta correcto.											
	¿Habrá cumplido Ud. 18 años en o antes del día de la elección? <input type="checkbox"/> SI <input type="checkbox"/> No			FIRME SU NOMBRE COMPLETO O MARQUE LA LÍNEA ABAJO											
	Si Ud. marcó "NO" en cualquiera de las preguntas más arriba no termine de rellenar este formulario. Si usted fue condenado de un delito grave y actualmente esta en libertad condicional o probación supervleada, no llene esta forma.			_____											
	FECHA: → Mes Día Año ____/____/____														
9	Nombre de la persona que le ayudó a llenar este formulario.		VRA ID #												
<b>NO ESCRIBA EN LOS ESPACIOS EN COLOR GRIS - SOLO PARA USO OFICIAL</b>															
Accepted for filing in County Registration Records				I.D.				PCT	MUN.	PRC DIST.	REP DIST.	SEN. DIST.	SCHOOL	C.C.	
Date _____				County Clerk _____				Filing Clerk _____							

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