



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Mary Brogdon, Director

Manual Revision Memorandum

ISD-MR 18-06

TO: ISD Employees
FROM: Mary Brogdon, Director, Income Support Division
DATE: January 11, 2018
RE: Update to FSP 020 – SNAP Employment and Training (E&T)
Reimbursement Request Form revised 12/11/2017

The FSP 020 – SNAP Employment and Training (E&T) Reimbursement Request Form has been updated with a new title that better fits the forms intent. This form is to be used when a recipient requests a reimbursement for their out-of-pocket expenses when completing actively participating in the E&T program. This MR is also to rescind MR 15-15 pertaining to the older version of the FSP 020 - SNAP Employment and Training (E&T) Reimbursement Request Form.

Instruction:

Old – FSP 020 - SNAP Employment and Training (E&T) Transportation Reimbursement Request Form revised 11/12/2015

New- FSP 020 – SNAP Employment and Training (E&T) Reimbursement Request Form revised 12/11/2017

If you have questions regarding this MR, please contact Marisa Vigil at (505) 827-1326 or by e-mail at Marisa.Vigil@state.nm.us.

Attachment: FSP 020 – SNAP Employment and Training (E&T) Reimbursement Request Form revised 12/11/2017



**SNAP Employment and Training (E&T) Program
Reimbursement Request form**

First name	M.I.	Last name	Case number	Month to be paid back
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How do I get my out-of-pocket costs paid back?*

- You must show that you have out-of-pocket costs from doing your activity or activities by completing this form.
- To be paid back, you must fill out a new form for each month in which you have costs from doing your E&T activity or activities.
- You can also submit it online at www.yes.state.nm.us.
- You must return the completed form. The form can be submitted online at www.yes.state.nm.us.
- The form can also be dropped off at your local ISD office or mailed or faxed it to:

Central ASPEN Scanning Area (CASA)
PO Box 830
Bernalillo, NM 87004
or FAX to 1-855-804-8960

Week of activity	Did you have an out-of-pocket cost?
Week 1 total	<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 2 total	<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 3 total	<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 4 total	<input type="checkbox"/> Yes <input type="checkbox"/> No
Week 5 total	<input type="checkbox"/> Yes <input type="checkbox"/> No

*The most you can be paid back can be found in the E&T State plan located at:
<http://www.hsd.state.nm.us/LookingForInformation/income-support-division-plans-and-reports.aspx>

I affirm that what I'm asking to be paid back for is correct. I understand the amount that I will get back. I understand that I can only be paid back for costs from doing my E&T activity or activities once a month. I understand that the Department may check that my information is correct.	
Signature of person taking part: _____	Date: _____



Notice of Rights

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 Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

Your Civil Rights Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form, \(AD-3027\)](#) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

<p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p>	<p>(2) fax: (202) 690-7442 (3) email: program.intake@usda.gov</p> <hr/> <p>This institution is an equal opportunity provider. (Revised 10/14/15)</p>
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To file a complaint through HSD of discrimination and/or rude treatment regarding a program receiving Federal or State financial assistance, a complaint form is available at the ISD office or you may write to: NM Human Services Department, ISD Civil Rights Director, P.O. Box 2348, Santa Fe, NM 87504-2348 or by fax (505) 827-7241.

Confidentiality

All information you give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which you have applied. Confidential information may also be released to other federal and state agencies. All information will be used to determine eligibility and/or to provide services. (Revised 07/15/14)

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. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. 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.

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.