



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Sidonie Squier, Secretary
Marilyn Martinez, Acting Director

Manual Revision Memorandum

ISD-MR 14-03

TO: ISD Employees

FROM: *MM* Marilyn Martinez, Acting Director, Income Support Division

RE: Forms Manual Revision ISD203 Refugees Receiving Cash Assistance
Information Referral

DATE: January 21, 2014

The Refugees Receiving Cash Assistance Information Referral form ISD203 has been updated to remove specific resettlement agency specific information. Use of the revised form shall begin immediately.

This form must be sent to the current contracted Refugee Social Service (RSS) provider when a refugee applies for or is approved to receive Refugee Cash Assistance (RCA).

Instructions:

1. Remove all previous from inventory:

ISD203e Refugees Receiving Refugee Cash Assistance (RCA) Information Referral (11/90)

2. Replace with revised form:

ISD203e Refugees Receiving Refugee Cash Assistance (RCA) Information Referral (1/21/2014)

This form has been posted to the forms drive: \\disfasv025\ISDForms

If you have questions regarding this MR, please contact Kresta Opperman at (505)827-1328 or by e-mail at kresta.opperman@state.nm.us.



INCOME SUPPORT DIVISION

**REFUGEES RECEIVING REFUGEE CASH ASSISTANCE (RCA)
INFORMATION REFERRAL
TO VOLUNTARY RESETTLEMENT AGENCY**

It is the responsibility of the Human Services Department (HSD)/Income Support Division (ISD) to inform the Voluntary Resettlement Agency (VOLAG) of any refugee who applies for or is approved to receive RCA under the Code of Federal Regulations [400.68(a)]. The VOLAG is responsible for monitoring the client's compliance with employment services requirements and informing HSD/ISD of individuals who are not in compliance with these requirements and may be subject to sanctions

ISD completes the following information for all refugees who have applied or been approved for RCA and mails this form to the local VOLAG.

CASE IDENTIFICATION

County	Case Name	Case Number	Telephone Number

CASE DATA

Date: _____

Approval Date: _____

Application Date: _____

Address: _____

BUDGET GROUP MEMBERS

Name	Date of Birth	Client Identification or Social Security Number	Date of Entry

ISD Caseworker Signature

Telephone Number