Manual Revision Memorandum

ISD-MR 14-03

TO: ISD Employees
FROM: 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.
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

<table>
<thead>
<tr>
<th>County</th>
<th>Case Name</th>
<th>Case Number</th>
<th>Telephone Number</th>
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### CASE DATA

- **Date:** ______
- **Approval Date:** ______
- **Application Date:** ______
- **Address:** ______

### BUDGET GROUP MEMBERS

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Client Identification or Social Security Number</th>
<th>Date of Entry</th>
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**ISD Caseworker Signature**

**Telephone Number**

**ISD203e Issued 1/30/14**