Manual Revision Memorandum

**ISD-MR 17-20**

**TO:** ISD Employees  
**FROM:** Mary Brogdon, Director, Income Support Division  
**DATE:** October 20, 2017  
**RE:** Update to ASD 500 - Overpayment Statement revised 9/30/17

The ASD 500 - Overpayment Statement has been updated in ASPEN to incorporate federal and state compliant language. The ASD - 500 is a statement of transactions on outstanding claims. A statement is generated for every liable individual for all the claims he/she is liable for. This form is only available through central print.

**Instruction:**

New- ASD 500 - Overpayment Statement revised 9/30/17

If you have questions regarding this MR, please contact Gavino Archuleta at (505) 827-7244 or by e-mail at Gavino_Archuleta@state.nm.us.

Attachment: ASD 500 - Overpayment Statement revised 9/30/17
Human Services Department
Restitution Services Bureau
P.O. Box 234
Santa Fe, NM 87504
Phone Number: (800) 431-4593
Fax Number: (800) 827-8103

☐ Check here and fill out the table below if your name or address has changed.

<table>
<thead>
<tr>
<th>Name:</th>
<th>Phone Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td>City/State/Zip:</td>
</tr>
</tbody>
</table>

Tom Smith
1600 Pennsylvania Avenue
Santa Fe, NM 87505

Notice of Overpayment

Make checks or money orders payable to:
New Mexico Human Services Department
Accounts Receivable Bureau
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

Individul ID: 123456789
DUE DATE: December 30, 2015
Smallest amount due: $150.00
AMOUNT ENCLOSED: $

Cut here - Mail the top part along with your payment in the enclosed envelope. Keep the bottom portion for your records.

This is a statement about the overpayment of benefits you received. It says how much you have paid and how much you still owe. Each month you will receive this statement with the current status of your overpayment.

**Trigger Condition #1:** Only appears if the amount is past due
Our records show that you have a past due amount. We may refer the amount past due for further collections.

**Trigger Condition #2:** Populated in all scenarios

<table>
<thead>
<tr>
<th>STATEMENT TIME: November 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF TRANSACTIONS FOR THE MONTH</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DATE</th>
<th>TYPE OF ASSISTANCE</th>
<th>CLAIM ID</th>
<th>TRANSACTION TYPE</th>
<th>PAYMENT AMOUNT</th>
<th>CHANGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/2015</td>
<td>SNAP</td>
<td>0123456789</td>
<td>CASH</td>
<td>$100.00</td>
<td></td>
</tr>
<tr>
<td>11/10/2015</td>
<td>Cash</td>
<td>0123456789</td>
<td>SYSTEM ADJUSTMENT</td>
<td></td>
<td>- $50.00</td>
</tr>
</tbody>
</table>

EARLIER BALANCE: $300.00
TOTAL PAYMENTS: $100.00
TOTAL CHANGES: - $50.00
ENDING BALANCE: $150.00
AMOUNT PAST DUE: $50.00
SMALLEST MONTHLY AMOUNT DUE: $150.00

If you have any questions about your statement, please call this phone number: (800) 431-4593

The last page of this notice explains your civil rights and your right to a fair hearing. Please read it with care.