




HUMAN SERVICES
DEPARTMENT

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

Manual Revision Memorandum

ISD-MR 17-24

TO: ISD Employees
FROM: Mary Brogdon, Director,  Income Support Division
DATE: October 20, 2017
RE: Update to ISD 120 - Interim Report revised 9/30/17

The ISD 120 - Interim Report has been updated in ASPEN to incorporate federal and state compliant language. The Interim Report form helps ISD to determine if the client can continue to get SNAP and/or Cash Assistance. This form is generated through the system and sent out through central print.

Instruction:

New- ISD 120 - Interim Report 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: ISD 120 - Interim Report revised 9/30/17



Income Support Division

Central ASPEN Scanning Area
PO Box 830
Bernalillo, NM 87504
Phone Number: (800) 283-4465
Fax Number: (855) 804-8960



Case Number: 0123456789
Date: January 1st, 2015

Revision Date: ISD 120 September 30th, 2017

Tom Smith
1600 Pennsylvania Avenue
Santa Fe, NM 87505

Notice of Interim Report Due





Dear Tom Smith,

Your Interim Report for **Program** benefits is due. If we do not get your report, your benefits may close in **Month Due**. To keep getting benefits, you must return the Interim Report that came with this letter by **Month 10, Year**. Si usted necesita esta reporte en español por favor llame: **(800) 283-4465**

We will use your Interim Report to find out if you can keep getting your benefits. If you do not return the report by the due date, your case will be closed. Your household may have to re-apply.

What to do next:

1. Fill out the Interim Report that came with this letter.
2. If information has changed, attach the proofs we need.
3. **Sign** the report.
4. Send us the signed report with your proofs by **Month 10, Year**:

	Mail this form to:	Income Support Division Central ASPEN Scanning Area P O Box 830 Bernalillo, NM 87004-0015
	Fax to:	(855) 804-8960
	Call the Income Support Customer Service Center Toll Free at:	(800) 283-4465 Monday-Friday, 8 am to 5 pm
	In person at the ISD office.	ISD Field office

If you have questions or need help, call **(800) 283-4465**. We can help you get the proofs you need.

Thank you,
Income Support Division

Your Signature: You must sign and date this Interim Report in order for it to be valid. Your report cannot be processed unless it is signed.

- I know any changes I give here may change what I get for all programs.
- I certify under penalty of perjury that what I said about my household in this form is true. The information is complete, and correct as far as I know. I know that if I lie, I may be charged with a crime.
- I will let HSD contact persons or agencies that know about my household. HSD will do this if they need to know something that I cannot give or prove.
- I have read the Penalty Warning, Fair Hearing Request form. I know my household has to report certain changes.
- I must not lie or hide information to get SNAP/food help, including EBT cards. I must not trade or sell my EBT card or my PIN. I must not allow a retailer to debit my EBT account to trade for cash. I must not change EBT cards to get SNAP/food help I am not able to get. I must not have or use someone else's EBT card. I must not let someone else use my card. I must not use my SNAP/food help to buy non-food items, such as alcohol, tobacco, or paper products. I must not use someone else's EBT card for my household. I must not use my SNAP/food help benefits to pay credit accounts.
- Anyone who breaks any of these rules could lose SNAP/food help for 12 months the 1st time. You could lose help for 24 months the 2nd time. You could lose help forever the 3rd time, and you may have to pay \$250,000. You could also go to jail for up to 20 years, or do both. You could be suspended for 18 more months. Anyone who breaks these rules on purpose could face other federal and state laws with criminal penalties.
- No one may lie or hide information about identity or where they live to get SNAP/food help. This could mean lying to get help in more than one household at the same time. If you lie to get more help, you could lose your help for 10 years.
- Anyone who trades SNAP/food help for a controlled substance could lose SNAP/food help. Help will be lost for 24 months the 1st time. Help will be lost forever the 2nd time.
- Anyone who trades SNAP/food help for guns, bullets, or bombs could lose SNAP/food help forever the 1st time. Anyone who trades or sells SNAP/food help of \$500 or more will lose SNAP/food help forever. Anyone who is convicted of a drug-related felony will lose SNAP/food help forever.
- I understand that this report does not take the place of the APPLICATION FOR ASSISTANCE and I must file a RECERTIFICATION FORM at the end of the certification period if I want to find out if I can continue to receive benefits.

Sign Here	Today's Date	Telephone Number
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Interim Report

Read all parts. Tell us if anything has changed. Attach any proofs we ask for. If you need room to add more people in any part, use a piece of paper. Attach it to this Interim Report. Sign the report before you return it to us!

1. Address	Did your mailing address change or did you move in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, fill in this part. If no, go to Part 2.
Home address: City: State: ZIP:	Date of change:
Mailing address (if different): City: State: ZIP:	Telephone number:

2. Household

Tell us about the people who live with you.

- List everyone who lives in your household, even if you are not applying for them.
- Give U.S. citizenship and Social Security numbers (SSNs) for the household members you are applying for.
- **People not applying for Assistance do not have to give an SSN. It can speed up your application if they do.**
- You do not have to be a U.S. citizen to apply.
- SNAP, energy or Medicaid benefits will **not** keep you from becoming a lawful permanent resident or U.S. citizen.
- Non-citizen immigrants **not** applying for themselves do not need to give immigration status, SSNs or other proofs.
- Non-citizen immigrants must give proof of income and things they own. These things may count toward the household qualifying.
- Ask ISD about benefits people who do not have an SSN may qualify for.

Fill out this part for yourself and all people who live with you.					Fill out this part only for people applying for benefits.					
Name First and Last	Relationship	Sex Male or Female	Date of birth	Ethnicity Hispanic Yes or No (You do not have to tell us this.)	Race Use 1-6 from the list below. (You do not have to tell us this.)	Tribal affiliation	SSN	Citizenship or immigration status Use 1-23 from the list below.	Will you file federal income taxes for this year? Yes or No	Will you claim this person on your tax return? Yes or No
1.	Self									
2.										
3.										
4.										
5.										
6.										
7.										
8.										

Race: For each person applying for help, choose from the numbers below that best describes their Race and write the numbers above.

1 - American Indian Alaskan Native	2 - Asian	3 - Black or African American	4 - Native Hawaiian or Pacific Islander	5 - White	6 - Other
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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 numbers above.

1 - U.S. Citizen	2 - Lawful Permanent Resident (LPR)	3 - Lawful Temporary Resident (LTR)	4 - Asylee	5 - Refugee	6 - Cuban/Haitian Entrant
7 - Paroled into the U.S.	8 - Conditional entrant granted before 1980	9 - Battered spouse, parent or child	10 - Victim of trafficking and spouse, child, sibling or parent	11 - Individual with non-immigrant status (includes individuals with visas, and citizens of Micronesia, the Marshall Islands and Palau)	12 - Granted or Applicant for Temporary Protected Status
13 - Deferred Enforced Departure	14 - Deferred Action Status	15 - Granted withholding of deportation or withholding of removal	16 - Applicant for withholding of deportation or withholding of removal	17 - Applicant for special immigrant status with approved visa petition	18 - Applicant for adjustment to LPR status, with approved visa petition
19 - Applicant for Asylum	20 - Registry applicant with Employment Authorization Document (EAD)	21 - Order of Supervision (with EAD)	22 - Applicant for cancellation of removal or suspension of deportation (with EAD)	23 - Other/Unsure	

3. People who have left your household	Did anyone move out of your home in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 4.
Name	Why this person is no longer in your home

4. Money from work	<p>Has there been a change in the income amount your household gets from work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Do you have a new employer? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes to either or both questions above, fill in this part. Attach the proof we need. If no, go to Part 5.</p> <ul style="list-style-type: none"> For SNAP, give proof of income for the last 30 days. Give only if you changed employers or your monthly income has gone up or down by more than \$100 each month. For all other programs, give proof of all new or different income for the last 30 days.
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Pay	Proof to attach
Paid monthly	Proof of income for 1 payday in the month before your report is due. Or proof for the month your report is due
Paid once a week	Proof of income for 4 paydays in a row in the month before your report is due. Or proof for the month your report is due
Paid once every two weeks	Proof of income for 2 paydays in a row in the month before your report is due. Or proof for the month your report is due
Self-employed	Proof of taxes filed since you last applied
Pay ended because someone stopped working	<ul style="list-style-type: none"> Proof of the person's last day of work Proof of why the person stopped working Proof of the gross (total) amount of the last pay Proof of the dates the person got paid
A check stub does not show pay for a full pay period	A letter from the person's employer
There is an unexpected change in the number of hours or pay rate	
This is a new job. Full month's pay is not available	
Name of person working:	Name of person working:
Place of work:	Place of work:
Date this job started:	Date this job started:
How often paid: <input type="checkbox"/> Once a month <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____	How often paid: <input type="checkbox"/> Once a month <input type="checkbox"/> Twice a month <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Other: _____
Type of income proof sent with this report: <input type="checkbox"/> Check stubs <input type="checkbox"/> Employer statement	Type of income proof sent with this report: <input type="checkbox"/> Check stubs <input type="checkbox"/> Employer statement
Does this job offer health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does this job offer health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No

5. All income other than work	<p>Has there been a change in household income from a source other than work? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, fill in this part and attach the proof we need. If no, go to Part 6.</p> <ul style="list-style-type: none"> For SNAP, give proof of income for the last 30 days. Give only if the source of income has changed or your monthly income has gone up or down by more than \$100 each month For all other programs, give proof of all new or different income for the last 30 days <p>Proof examples include: Social Security, SSI, VA, unemployment benefits, workers compensation, Child Support, military allotments, contributions, dividends, grants, loans, BIA-GA, Individual Indian Monies and money from any other source.</p>
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Name of household member who gets money	Name of person or group who gives or is the source of this money	Amount of income	How often person gets this income (monthly, weekly, other)	When this income started

6. Resources	Did the number, value or kind of property or savings that you or anyone living with you owns change? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 7.			
	Do not attach proof now. We may ask for proof of these changes later. Resources include: cash, money in savings account, stocks, bonds, camper trailers, boats, recreational vehicles (RVs), land your household owns but does not live on, cash settlements or anything else that can be sold or turned into cash.			
	Name of person	Type of property or savings	Value	Year

7. Students in the home	Did anyone in your home start or stop going to a college or university in the last 6 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 8.	
	Name	Date enrolled or un-enrolled
	Name of school	

8. Shelter Costs	Have your bills changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 9.	
	If you moved in the last 6 months you may qualify for a Heating and Cooling Standard Utility Allowance (HCSUA) deduction if you qualify for SNAP.	
Shelter (bills you pay and amount)	Utilities	Low Income Home Energy Assistance Program (LIHEAP)
<input type="checkbox"/> Rent you pay or home mortgage \$ _____	<input type="checkbox"/> Gas or butane \$ _____	Has LIHEAP or anyone else helped you pay for heating or cooling costs in the past 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes : Who helped _____ How much _____
<input type="checkbox"/> Rent you pay with utilities included \$ _____	<input type="checkbox"/> Electric \$ _____	
<input type="checkbox"/> HUD housing (Section 8) \$ _____	<input type="checkbox"/> Water \$ _____	
<input type="checkbox"/> Amount of the HUD payment you pay \$ _____	<input type="checkbox"/> Telephone \$ _____	
<input type="checkbox"/> Paying to live with relatives or friends \$ _____	<input type="checkbox"/> Trash and sewer \$ _____	
<input type="checkbox"/> Housing is supplied free of charge	<input type="checkbox"/> Buy wood \$ _____	
<input type="checkbox"/> Own my home	<input type="checkbox"/> Buy pellets \$ _____	
<input type="checkbox"/> Taxes \$ _____	<input type="checkbox"/> Included in rent	
<input type="checkbox"/> Home insurance \$ _____		
<input type="checkbox"/> Space or room rent \$ _____		

9. Child Support payments	Has the amount of Child Support you pay changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 10.	
	Who pays: _____ To whom: Name: Telephone: Address:	How much? How often? If there has been a change, you must show proof of the court order to pay Child Support. Also show proof of all payments made in the last 3 months.

10. Dependent care	Has there been a change in dependent care? This means you or someone in your household pays someone to care for your children or a disabled or elderly person so you can work, attend school or look for work. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 11.
Person who gets care: Amount you pay \$ How often you pay (monthly, weekly, etc.)? Name of caregiver or day care center: Telephone number: Do you get help to pay for dependent care? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , how much do you pay out of pocket \$ Miles round trip for daycare or dependent care:	

11. Medical costs	Have medical expenses for people who are disabled or over the age of 60 changed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes , fill in this part. If no, go to Part 12. These expenses include medical bills not covered by insurance, prescriptions, health insurance premiums or other medical services. For SNAP, you must give your caseworker proof if the amount went up by \$25 or more. You do not have to report these costs. But if you report a change in medical costs and attach proof of the monthly payments, you can get allowable medical deductions.	
Name of person:	How much? \$	How often (monthly, weekly, etc.)?

12. Signature
<p>When you sign below the application becomes valid and ready for review. By signing, you also state that:</p> <ul style="list-style-type: none"> ▪ I know that any changes given may change how much help I get for all programs. ▪ I understand that making false statements or hiding information could result in state and federal penalties. ▪ I have given HSD true, correct and complete information. ▪ If the household is in an institution applying for SNAP and SSI, the filing date is the release date from the institution. ▪ I declare the identity of children under age 16 for whom I am applying. ▪ I will give proof of things I report to HSD. If I need help, HSD will help. ▪ I will let HSD contact other people and companies to get proof. ▪ I will let HSD give certain information to approved agencies that give other related help I may qualify for. ▪ I understand that if I get benefits I do not qualify for I may have to pay HSD back for those benefits. ▪ I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed). Or, _____ is incarcerated. ▪ I know that HSD will use computers or other means to check the information I give on this report. ▪ I know that HSD will check the immigration status of people who apply for or get benefits. ▪ I understand that USCIS (INS) may check immigration status for any household member I am applying for. That may affect whether the household qualifies for benefits and the amount. ▪ I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to correctly find who qualifies. ▪ I have been given information with my rights and responsibilities in expedited SNAP, food assistance, penalties and program violations, fair hearing request form and more. ▪ I understand that someone will explain my rights and responsibilities at my interview. ▪ I understand that if I, or the persons I am applying for, have set up a trust or are the beneficiaries of a trust, I must give HSD a copy of the trust document. This includes all attachments and related information. HSD will read the trust to see if it affects the Medicaid benefits I am applying for. ▪ I understand that, after my death, HSD can file a claim against my estate to recover money the state pays or paid on my behalf for Medicaid. This is called "Estate Recovery." Estate Recovery is required by federal and state law. Medicaid receivers must be 55 years old or older, and the state makes the person's medical assistance payments for nursing facilities services, home and community based services and related hospital and prescription drug services. The money HSD recovers will not be more than the amount of medical assistance payments made on behalf of the Medicaid receiver. Some exclusions may apply. ▪ I understand that I must give HSD any money I get for medical services that Medicaid already paid for. If I do not, I or the persons I am applying for may lose Medicaid coverage. Coverage will be lost for at least one year and until the amount owed to Medicaid has been paid back in full. ▪ A person applying for or getting Medicaid gives HSD all rights against all persons for medical support or payments for medical expenses paid on the applicants' or clients' behalf and the behalf of anyone who applied for or got assistance. ▪ If I am the Authorized Representative, I affirm and agree to be legally bound to keep private any information about the applicant or beneficiary. I will not re-assign any provider claims, if applicable, and I will follow all requirements in the law, 42 CFR 435.923(d). ▪ I understand that this report does not take the place of the APPLICATION FOR ASSISTANCE and I must file a RECERTIFICATION FORM at the end of the certification period if I want to find out if I can continue to receive benefits.

I state under penalty of perjury that the statements made about persons in my home, income, resources, property and all other information I have given HSD are true and correct.

Sign here (person applying or Authorized Representative):

Today's date:

Daytime telephone number:

Program Information
(These pages are for you to keep)

Child Support Enforcement Division

By taking cash or medical help, you give HSD rights to get child support from the child's absent parent(s). You must help HSD find the absent parent(s). There may be a good reason not to help. A good reason would be domestic violence. Ask a caseworker. If you have to work with the Child Support Enforcement Division (CSED) office to get or enforce child support and you do not, you may get less cash help. You may lose some cash help now and all of it later. Adults may lose their medical help.

Proof Information

Proofs that you may be asked to give:

Your caseworker 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 look at the chart below called Examples of Proof. This will help you decide what proof you need. If your caseworker has more questions, you will be asked for proof. You will get a list of what your caseworker still needs. You will get a receipt for proof you gave. If you need help, the Department will help you, if you will help them.

Proof of:	SNAP/food	Medical			Cash	Energy/LIHEAP	Examples of Proof		
		Family or Adult	Child Only	Elderly/Disabled					
• Where you Live	✓	✓	✓	✓	✓	✓	Utility bill. Rent agreement. Letter addressed to you at your address.		
• Social Security Number							Social Security card or letter from the Social Security Administration (SSA) with your name & number		
• 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 doctor, religious or school official, or someone who knows you, the child's relationship to you and knows the child's date of birth.		
• Relationship					✓		Note: The Medicaid program will require specific identification proof.		
• Age							Most programs do not need proof of U.S. Citizenship. For medical help, the federal government now needs everyone to give certain ORIGINAL documents (not copies) that show Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.		
• U.S. Citizenship		✓	✓	✓			<table border="0"> <tr> <td style="vertical-align: top;"> Proof of Citizenship and ID together <ul style="list-style-type: none"> • A Passport • A certificate of naturalization (Form 550 or N-570) • A certificate of U.S. Citizenship (N-560 or N-561) • A certificate of Indian Blood (CIB) </td> <td style="vertical-align: top;"> Proof of Citizenship Alone <ul style="list-style-type: none"> • U.S. birth certificate. 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 your caseworker 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 <ul style="list-style-type: none"> • A Passport • A certificate of naturalization (Form 550 or N-570) • A certificate of U.S. Citizenship (N-560 or N-561) • A certificate of Indian Blood (CIB) 	Proof of Citizenship Alone <ul style="list-style-type: none"> • U.S. birth certificate. 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 your caseworker 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 <ul style="list-style-type: none"> • A Passport • A certificate of naturalization (Form 550 or N-570) • A certificate of U.S. Citizenship (N-560 or N-561) • A certificate of Indian Blood (CIB) 	Proof of Citizenship Alone <ul style="list-style-type: none"> • U.S. birth certificate. 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 your caseworker your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.								
• Immigrant Status	✓	✓	✓	✓	✓	✓	If you are an immigrant applying for help, you may have to give original USCIS (formerly the INS) records.		
• Disability				✓	✓	✓	Medical records saying how long you will be disabled, whether or not you can work, and if constant help/care is needed.		
• Pregnancy					✓		Medical records saying when your baby is due.		
• School Attendance							Current report card or letter from the school saying your child goes to school.		
• College Student	✓				✓		Letter from the college saying you are either a part-time or full-time student.		
• Student Financial Aid	✓				✓	✓	Letter from the financial aid office saying 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	✓	✓	✓	✓	✓	✓	Earned income: Check-stubs. A letter from the employer with the hours you will work and the pay you will get. If you are self-employed , you may give your caseworker a copy of your income tax forms, business records, or personal wage records. Unearned income: Check copies, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc. Other Proof may work. Please talk to your caseworker.
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 pay child support, give proof of both the legal responsibility to pay and the amount paid. You may use any court or administrative order, or legal separation agreement. For proof of the amount, use cancelled checks, wage withholding statements, proof of withholding from unemployment compensation or written statements from the custodial parent.
Other Proof – Below is a list of other proof that may help you get the most help you can. 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 only have to give proof if your caseworker has more questions about your costs. If you need energy/LIHEAP, please give a copy of your heating/cooling cost. If you need help the Department will help you, if you help them.							
Child/Adult Care Costs							You may give any of these if they show your costs: Agreement. Computer printout. Money order. Letter from the person you pay. Divorce or separation papers. Statements, receipts, canceled check, copy of a check.
Medical Costs Elderly or Disabled only	✓			✓			
Home Rent/Owner Costs							
Heating/Cooling Costs						✓	

Non-Citizen Immigrant Eligibility

Many immigrants living in New Mexico can get help. Some immigrants must have been in a certain status for 5 years before they can get help. There are many other cases. Any lawfully residing child under the age of 21 or pregnant woman that meets all other rules can get Medicaid right away. So can refugees, asylees, battered spouses and children, and many others. Some can get Medicaid without a social security number. Even if you do not have an immigration status that lets you get Medicaid, you may be able to get Medicaid for emergencies. Ask a caseworker for more information. We keep your information private and only share information with other government agencies to see which programs you can get. Immigrants in one of the following statuses may be able to get Medicaid or other help, if they are able to in the program.

3 – Lawful Temporary Resident (LTR)	4 – Asylee	5 – Refugee	6 Cuban/Haitian Entrant
9 – Battered spouse, parent or child	10 – Victim of trafficking and spouse, child, sibling or parent	11 - Individual with non-immigrant status (includes individuals with visas, and citizens of Micronesia, the Marshall Islands and Palau)	12- Granted or Applicant for Temporary Protected Status
15 – Granted withholding of deportation or withholding of removal	16- Applicant for withholding of deportation or withholding of removal	17 – Applicant for special immigrant status with approved visa petition	18 – Applicant for adjustment to LPR status, with approved visa petition
21 –Order of Supervision (with EAD)	22 – Applicant for cancellation of deportation (with EAD)	23 – Other/Unsure	

Do I have to report changes?

SNAP/Food Assistance and Cash

You must tell us about any of these changes. Tell us within 10 days from the end of the calendar month in which the change happened:

- Your household's income goes higher than \${Gross Income Limit for the Household Size} of the maximum gross monthly income standard for your household's size for Cash Help.
- Your household's income goes higher than \${Gross Income Limit for the Household Size} of the maximum gross monthly income standard for your household's size for SNAP/Food Help
- A person's work hours go below 20 hours per week, averaged monthly, or 80 hours per month. This only applies to able-bodied adults subject to the 3-month time limit.

You should tell us about any of these changes. Tell us within 10 calendar days from the date the change happened:

- Change of the address where you get your mail. We want to make sure you get your mail.
- Changes to household size (if anyone moves in or out of your home)
- Change of residency (if you or anyone in your household moves out of New Mexico)
- Changes to monthly household costs
- Changes to resources (such as bank accounts, property and life insurance)

You should tell us about changes at any time during your certification period that might make the amount of your benefits go up (like the birth of a child or losing income)

Medicaid

Households must tell us about anything that might change if you can get help. You must tell us within 10 days after the change happens.

Social Security Number (SSN) Requirements

Why do I need to give a Social Security Number (SSN)?

To get SNAP help you must have a Social Security number (SSN), or have applied for one. You may still get help if you have good cause for not applying for one [7 C.F.R. § 273.6]. All people in a household applying for SNAP help must give the ISD office their SSNs [7 C.F.R. § 273.6]. ISD must check the SSNs of everyone in the household with the Social Security Administration (SSA). ISD cannot hold or refuse SNAP help while waiting to check a SSN [7 C.F.R. § 273.2]. If the person needing SNAP cannot remember their SSN or is does not know if they have one, they can contact SSA.

How will the Department use my SSN?

Only allow you to be in program once; to help with mass changes in benefits; to check if the information given by the household member is true. The SSN(s) will be computer cross-checked with SSNs in other personal data files. The computer will check what those files are, and if they are within the Department, or in other governmental agencies. The Department will use the SSN to get and use wage and help information from other sources to check if you can get SNAP and how much. Some of these sources are: any federal or state agency, providers contracted with the Department, welfare departments in other states; and banks and other financial institutions

What happens if I do not give or do not have an SSN?

The household member who does not give their SSN or does not apply without good cause will be disqualified and will not get help. [7 C.F.R. § 273.6] Only that disqualified household member will lose help, not the entire household. [Id.] The disqualified individual's income and resources can affect if the whole household can get help, and how much. If the disqualified individual household member provides their SSN to ISD they may be able to get help. If the disqualified individual household member gives proof of an SSN application, or good cause for why an SSN application was not filled out, they may be able to get help. [7 C.F.R. § 273.6]

When I would have good cause for not applying for an SSN?

Applicants without SSNs must apply for one before getting help unless there is "good cause." [7 C.F.R. § 273.6] "Good cause" means that the person tried to apply for a SSN but cannot, yet. [7 C.F.R. § 273.6] For example, someone may have "good cause" if their Social Security office will not take his SSN application because he does not have proof of his age. Social Security must send away for his birth certificate. If the ISD office finds good cause for not trying to get a Social Security number, an applicant can get SNAP help for one month, plus the month of application [7 C.F.R. § 273.6]. The ISD office will then decide if there is good cause for not applying for a SSN at the end of each month [7 C.F.R. § 273.6]. In time, either the applicant will get a SSN, or lack good cause for not applying for one.

Penalties for SNAP/food Assistance Violations

You must not lie or hide information to get SNAP/food help, 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 help you are not able to get. Do not have, or use, someone else's EBT card. Do not let someone else use your card. You must not use your SNAP/food help to buy non-food items, such as alcohol, tobacco, or paper products. You must not use someone else's EBT card for your household. You must not use your SNAP/food assistance help to pay credit accounts.

Anyone breaking any of these rules on purpose could lose SNAP/food help for 12 months the 1st time. They may lose SNAP/Food help for 24 months the 2nd

time. They will lose SNAP/Food help forever the 3rd time. After a third time they may also have to pay \$250,000. They may also go to jail up to 20 years, or both, or suspended for an additional 18 months. Anyone breaking these rules on purpose could also be charged under other federal and state laws with criminal penalties.

Anyone who lies or hides information about identity or residence to get SNAP/food help in more than one household at the same time could lose benefits for 10 years.

Anyone who trades food stamps for a controlled substance could lose SNAP/food help for 24 months the 1st time. They could lose SNAP/Food help forever the 2nd time.

Anyone who trades SNAP/food for guns, bullets, or bombs could lose SNAP/Food help the 1st time. Anyone who trades or sells SNAP/food assistance of \$500 or more can lose SNAP/Food help forever. Anyone convicted of a drug-related felony will lose SNAP/Food help forever.

ISD 215 Fair Hearing Request

Trigger: Fair Hearing Request

Trigger: YOUR RIGHT TO A FAIR HEARING