Manual Revision Memorandum

ISD-MR 17-28

TO: ISD Employees

FROM: Mary Brogdon, Director
       Income Support Division

RE: Forms Manual Revision for ISD 150e – Request to Delete Claim Amount

DATE: December 1, 2017

The “Request to Delete Claim Amount” Form ISD 150e has been updated, revised and renamed “Request to Adjust/Close Claim” to capture the appropriate claim information needed by the Restitution Services Bureau.

Two new reasons for the establishment of the overpayment have been included as well as additional changes to ensure the correct overpayment is identified and addressed.

The December 1, 2017 version of the ISD 150e is not available in ASPEN. This form is only accessible on the ISD Forms Drive. This form is to be completed manually and scanned into ASPEN as unprocessed into the Restitutions Queue.

Instructions:

Please delete all previous versions of this form and replace as indicated below:

Delete – ISD 150e Request to Delete Claim Amount
Revised 04/11/2013 and any other Revisions

Replace with – ISD 150e Request to Adjust/Close Claim
Revised 12/01/2017

If you have questions regarding this MR, please contact Ronald Hedquist at (505) 827-8142 or via e-mail at ron.hedquist@state.nm.us.

Attachments: Instructions for ISD 150e, ISD 150e Request to Adjust/Close Claim form
NEW MEXICO HUMAN SERVICES DEPARTMENT
Income Support Division
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

REQUEST TO ADJUST/CLOSE CLAIM

DATE: December 1, 2017

TO: Restitution Services Bureau
    P.O. Box 2348
    Santa Fe, NM 87504-2348

FROM: 

CLAIM INFORMATION

<table>
<thead>
<tr>
<th>Client’s Name</th>
<th>Case Number</th>
<th>Client’s ID Number</th>
<th>Claim Number</th>
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<tbody>
<tr>
<td>Category of Assistance</td>
<td>Date Established</td>
<td>Begin Date</td>
<td>End Date</td>
</tr>
<tr>
<td>Select COA</td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
<td>Click here to enter a date.</td>
</tr>
</tbody>
</table>

ACTION TO BE TAKEN

☐ Please close out the claim.

☐ This Claim was established in error. ☐ This Claim was established by system error.

☐ This Claim was established by system updates.

☐ This Claim was established with an incorrect claim amount.
   The correct claim amount should be $____

Explain in detail as to why this action is to be taken: _____

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<thead>
<tr>
<th>Supervisor</th>
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<th>Date</th>
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<table>
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<th>Date</th>
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<tbody>
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<td></td>
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<td>12/1/2017</td>
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