

2011 MANUAL BENEFIT STATEMENT

*** BENEFIT HISTORY *** BHIS 01

CASE-ID CATEGORY HEAD-OF-HOUSEHOLD
XXXXXXXXX 002 CLIENT NAME

SEL	CNTY	TYPE	MONTH	NUMBER	AMT	DATE	STATUS	RSN	DATE	REPL	NUMBER
2626	MO	WRNTMA	01/12	430654	00304	01/01/12	EBT ISSUE		12/30/11		
2626	MO	WRNTMA	12/11	407008	00304	12/01/11	EBT ISSUE		11/30/11		
2626	DLY	WRNTMA	11/11	395754	00293	11/02/11	EBT ISSUE		11/02/11		
2626	MO	WRNTMA	10/11	359556	00304	10/01/11	EBT ISSUE		09/30/11		
2626	MO	WRNTMA	09/11	335566	00304	09/01/11	EBT ISSUE		08/31/11		
2626	MO	WRNTMA	08/11	311118	00304	08/01/11	EBT ISSUE		07/29/11		
2626	MO	WRNTMA	07/11	287570	00304	07/01/11	EBT ISSUE		06/30/11		
2626	MO	WRNTMA	06/11	263938	00304	06/01/11	EBT ISSUE		05/31/11		
2525	DLY	WRNTMA	05/11	253744	00304	05/10/11	EBT ISSUE		05/10/11		
2626	MO	WRNTMA	04/11	216794	00380	04/01/11	EBT ISSUE		03/31/11		
2626	MO	WRNTMA	03/11	192580	00380	03/01/11	EBT ISSUE		02/28/11		
2626	MO	WRNTMA	02/11	168172	00380	02/01/11	EBT ISSUE		01/31/11		

ENTER KEY = PAGE FORWARD "PF5" = PAGE BACKWARD "PF3" = CANCEL MORE

*** BENEFIT HISTORY *** BHIS 02

CASE-ID CATEGORY HEAD-OF-HOUSEHOLD
XXXXXXXXX 002 CLIENT NAME

EL	CNTY	TYPE	MONTH	NUMBER	AMT	DATE	STATUS	RSN	DATE	REPL	NUMBER
2626	MO	WRNTMA	01/11	42157	00480	01/01/11	EBT ISSUE		12/30/10		
2626	MO	WRNTMA	12/10	15312	00447	12/01/10	EBT ISSUE		11/30/10		
2626	MO	WRNTMA	11/10	08862	00447	11/01/10	EBT ISSUE		10/29/10		
2626	MO	WRNTMA	10/10	067072	00447	10/01/10	EBT ISSUE		09/30/10		
2626	MO	WRNTMA	09/10	073799	00447	09/01/10	EBT ISSUE		08/31/10		
2727	DLY	WRNTMA	08/10	523303	00090	08/02/10	EBT ISSUE		08/02/10		
2727	MO	WRNTMA	08/10	011640	00357	08/01/10	EBT ISSUE		07/30/10		
2727	MO	WRNTMA	07/10	985961	00357	07/01/10	EBT ISSUE		06/30/10		
2727	MO	WRNTMA	06/10	960919	00357	06/01/10	EBT ISSUE		05/28/10		
2727	MO	WRNTMA	05/10	936705	00357	05/01/10	EBT ISSUE		04/30/10		
2727	MO	WRNTMA	04/10	911653	00357	04/01/10	EBT ISSUE		03/31/10		
2727	MO	WRNTMA	03/10	886683	00357	03/01/10	EBT ISSUE		02/26/10		

ENTER KEY = PAGE FORWARD "PF5" = PAGE BACKWARD "PF3" = CANCEL MORE

COUNTY OFFICE STAMP:

HSD-INCOME SUPPORT DIVISION
ISD2 HELP DESK
POLLON PLAZA - 2009 S. PACHECO
P.O. BOX 2348
SANTA FE, NM 87504-2348

SIGNATURE: *Signature*

DATE: *Date*

INSTRUCTIONS:

- ALL BENEFITS RECEIVED IN 2011 NEED TO APPEAR ON THE MANUAL STATEMENT GIVEN TO THE CLIENT. USE THE AUTH/ISSN DATE COLUMN.
- MANUAL STATEMENT HAS TO INCLUDE COUNTY OFFICE STAMP.
- MANUAL STATEMENT NEEDS TO HAVE A SIGNATURE FROM A FAA, SUPERVISOR OR COUNTY DIRECTOR.
- MANUAL STATEMENT NEEDS TO HAVE A DATE.