INCOME SUPPORT DIVISION
INTERDEPARTMENTAL
MEMORANDUM
ISD-GI 12-10 (AMENDED)
DATE: April 26, 2012

TO: ISD Staff
FROM: Ted Roth, Acting Director
Income Support Division
SUBJECT: SNAP Replacement Benefits- AMENDED

(This AMENDED GI is to update and correct GI-12-10 dated February 3rd, 2012, correcting the Fax number for Restitution & Administrative Services Bureau).

SNAP benefits may be replaced under certain circumstances outlined in 8.139.610 NMAC. Upon receipt of a request for replacement benefits please ensure the following:

HOUSEHOLD’s may request replacement benefits if they:
* Meet requirements of household misfortune or natural disaster.
* Report within ten calendar days of destruction (written or oral).
* Sign affidavit attesting to the loss of the household’s SNAP benefits (FORM ISD 446). (Ineligible if the food is lost, stolen, or misplaced after receipt).

The DEPARTMENT shall:
* Issue replacement SNAP benefits within 10 days after the report or 2 working days of the signed affidavit, whichever is later.
* If the 10th day is on a weekend or holiday, the deadline is the day after the weekend or holiday.
* The affidavit is retained in these record and there is no limit on SNAP replacement benefits, as long as requirements are met.
* Verification obtained through collateral contacts, community agency documentation (e.g. fire department or Red Cross), home visit, or FNS issued disaster declaration.
* Replacement SNAP benefits are not to exceed one month’s SNAP benefit amount.
* Household must be informed of its right to a fair hearing to contest denial of replacement benefits. Replacements will not be authorized during the appeal process.
8.139.610.14 NMAC

Once obtained, the affidavit along with the appropriate documentation shall be forwarded to the Restitution & Administrative Services Bureau (RASB) of the Office of Inspector General (OIG) for replacement of benefits. Please mail the original to OIG at the address indicated below:

Office of the Inspector General

Access • Quality • Accountability
ATTN: Berna Quintana  
Restitution & Administrative Services Bureau  
PO Box 2348  
Santa Fe, NM  87504-2348  

To expedite the replacement of benefits, you may fax the affidavit and the documentation, however, please ensure the original is mailed to RASB, simultaneously. RASB’s fax number is (505) 827-8165 (AMENDED).  

Attached FORM Affidavit of NonReceipt or Destruction of Coupons (ISD446).  

If you have any questions call Richard McIntyre at 827-3142 or richard.mcintyre@state.nm.us
FOOD STAMP PROGRAM

AFFIDAVIT of NONRECEIPT or DESTRUCTION of COUPONS

NO. ______________________

I, ______________________, declare that:

☐ Client's initials

My household is eligible to receive food stamps, but our food stamps were not received in the mail, or we only received a partial allotment of $ _________________, for the month of _________________ 20__

☐ Client's initials

My household received its food stamps on _________________ 20__; and our food stamps, ☐ or food ☐ purchased with food stamps, in the amount of $ _________________ were destroyed in a household disaster such as FIRE or FLOOD on _________________ 20__

If the coupons are recovered by my household, I will return them to the New Mexico Human Services Department. I understand that people who make false statements and get food stamps illegally may be fined up to $10,000 and imprisoned up to 5 years. They may also be disqualified from the Food Stamp Program for 6 months, 12 months or permanently, and be required to pay back the value of all food stamps that they were not entitled to receive. I also understand that:

• This replacement will be sent to the ISD office, NOT my mailing address.
• After the second replacement for nonreceipt of food stamps in the mail, all my future food stamp allotments will be sent to the ISD office.
• Only two replacements of nonreceipt or destruction can be made in a 6 month period; additional losses in a 6 month period will NOT be replaced.
• If I do not sign and return this affidavit within 10 calendar days after first reported nonreceipt of my food stamps, ISD will NOT replace the loss.

TO BE COMPLETED BY HOUSEHOLDS REPORTING NONRECEIPT ONLY

1. How is mail delivered to your address? ☐ Apartment Mail Box ☐ Through "Mail Slot" in door or home ☐ Residential Mailbox ☐ Other (specify) _________________

2. Was mailbox locked?

☐ Yes ☐ No ☐

7. Do you know if anyone else in your neighborhood suffered a mail loss?

☐ Yes ☐ No ☐

If YES, provide the name and address:

8. Was mailbox locked, was it prised or forced open?

☐ Yes ☐ No ☐

If mailbox forced or prised open was it reported to authorities?

Yes ☐ No ☐

9. Has anyone seen a person tampering with mail boxes in your neighborhood?

Yes ☐ No ☐

If YES, provide the name and address:

10. If you were waiting, did the mail carrier stop at your address for any reason?

☐ Yes ☐ No ☐

11. Did you discuss nonreceipt of food stamps with mail carrier? If YES, what was said?

☐ Yes ☐ No ☐

12. Do you have any idea who might have taken your food stamps?

☐ Yes ☐ No ☐

If YES, provide the name and address:

13. Has your address changed recently?

Yes ☐ No ☐

If YES list your current address below:

I declare under penalty of perjury, under seal, that the foregoing is true and correct.

RECIPIENT'S SIGNATURE ______________________

COUNTY CERTIFICATION STATEMENT

FOR ISD USE ONLY

Date household reported loss: ___ / ___ / ___

Date affidavit received by county: ___ / ___ / ___

Benefit History: ___ / ___

Benefit History Detail: Address Correct? Yes ☐ No ☐ (No requires corrective action)

Reg. Issue or new MR Amount $ _________________

Return Amount $ _________________

Replacement Amount $ _________________

The replacement amount must be adjusted when a portion of the allotment has been returned. The returned portion may be remailed, if within the period of intended use.

SW's Signature ______________________

Co. No. _________________

Employee No. _________________

Date: _________________

COM or Supervisor's Signature ______________________

Co. No. _________________

Employee No. _________________

Date: _________________

ISSUANCE UNIT DISPOSITION:

Explanation if not issued:

A replacement in the amount of $ _________________

☐ has ☐ has not been issued.

Issuance Clerk's Signature ______________________

Employee No.: _________________

Date: _________________

ISD 446 Revised 11/86