




New Mexico Human Services Department

Susana Martinez, Governor
Sidonie Squier, Secretary

Income Support Division
PO Box 2348
Santa Fe, NM 87504-2348
Phone: (505) 827-7250; Fax: (505) 827-7203

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 27, 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 affidavits remain in case record and there is no limit on SNAP replacement benefits, as long as requirements are met.
 - *Verification is 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

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

RESCINDED



Income Support Division

FOOD STAMP PROGRAM AFFIDAVIT of NONRECEIPT or DESTRUCTION of COUPONS

NO. _____

Case Number Case Name - Last First Initial

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____.

If the coupons are recovered by my household, I will return them to the New Mexico Human Services Department, I understand that persons who make false statements and get food stamps illegally may be fined up to \$10,000 and imprisoned up to 5 years. This replacement will be sent to the ISD office, NOT my mailing address.

TO BE COMPLETED BY HOUSEHOLDS REPORTING NONRECEIPT ONLY

- 1. How is mail delivered to your address? Apartment Mail Box Through "Mail Slot" in door of home Residential Mailbox Other (specify)
2. Was mailbox locked? Yes No
3. If mailbox locked, was it pried or forced open? Yes No
4. If mailbox forced or pried open was it reported to authorities? Yes No
5. If you were waiting, did the mail carrier stop at your address for any reason? Yes No
6. Did you discuss nonreceipt of food stamps with mail carrier? If YES, what was said? Yes No
7. Do you know if anyone else in your neighborhood suffered a mail loss? Yes No
8. Has anyone seen a person tampering with mail boxes in your neighborhood? Yes No
9. Do you have any idea who might have taken your food stamps? Yes No
10. Has your address changed recently? If YES list your current address below: Yes No

I declare under penalty of perjury and/or fraud that the foregoing is true and correct. RECIPIENT'S SIGNATURE:

FOR ISD USE ONLY

COUNTY CERTIFICATION INFORMATION Date household reported loss Date affidavit received by county Benefit History: Amt \$ Status Date 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.

EW's Signature Co. No. Employee No. Date COM or Supervisors Counter 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