



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Sidonie Squier, Secretary
Marilyn Martinez, Acting Director

General Information Memorandum

ISD-GI 14- 34

TO: ISD Employees

FROM:  Marilyn Martinez, Acting Director, Income Support Division

RE: Rights and Responsibilities


DATE: June 30, 2014

This GI serves to reissue the FSP 013 (SNAP) and FAS 013 (TANF) which are attached. As per MR 14-11, ISD 113 is obsolete and is no longer to be used. When an applicant/recipient is interviewed for eligibility determination, whether it is initial application or recertification, the worker MUST review with the applicant their applicable Rights and Responsibilities.


Two sided copies of these forms have been sent to all county offices and are to be placed at each desk/station where interviews may take place.

If you have any questions or if additional copies are needed, please contact Carolyn Craven, QAB Bureau Chief at 505-827-7224 or by email at Carolyn.craven@state.nm.us.

SNAP WORKER CHECKLIST

<input type="checkbox"/> Application Processing <ul style="list-style-type: none"> ❖ 30-day time limit ❖ Client responsibility to provide verification; if you need help the Department has the responsibility to help you ❖ Up to 3 time extensions at client request ❖ Certification period depends on household circumstances ❖ Recertification required to find out if SNAP benefits can continue 	<input type="checkbox"/> American Disabilities Act (ADA) <ul style="list-style-type: none"> ❖ If you are a person with a disability and require information in an alternative format, or ❖ Require a special accommodation to participate in program services ❖ Contact NMHSD at 1-800-432-6217 or TDD 1-800-609-4TDD ❖ The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations.
<input type="checkbox"/> Client Information <ul style="list-style-type: none"> ❖ Rights and Responsibilities ❖ Right to a Hearing ❖ No time limit to receive SNAP ❖ Income Limits for SNAP ❖ Requirement for an interview ❖ Authorize Representative to apply for, get or use SNAP benefits ❖ Emergency SNAP benefits (expedited service) within 7 days ❖ Benefits are issued on an Electronic Benefit (EBT) Card/Restrictions/Overview 	<input type="checkbox"/> Fraud Penalties <ul style="list-style-type: none"> ❖ Buying or selling Firearms, ammunition or explosives with SNAP Benefits-never get SNAP Benefits again. ❖ Buying or selling illegal drugs with SNAP Benefits-12 mos.1st Offense/Permanently 2nd offense. ❖ Breaking EBT rules: Unable to get SNAP Benefits 1 year to Permanent and ❖ Fined \$250,000 or 20 yrs Imprisonment or both for violations of \$5,000 or greater and ❖ Subject to prosecution under State and Federal law and ❖ Court can ban individual for an additional 18 mos.
<input type="checkbox"/> How to File a Complaint <ul style="list-style-type: none"> ❖ Ask to speak to a Supervisor ❖ Fill out an ISD 416 Complaint Form ❖ Call Constituent Services 1-800-827-7250 	<input type="checkbox"/> Voluntary Qualification for the Person <ul style="list-style-type: none"> ❖ Quitting a job without good cause ❖ Reducing work hours to under 30 a week ❖ Refusing to accept a job that was offered
<input type="checkbox"/> Household Member Requirements <ul style="list-style-type: none"> ❖ Mandatory Members ❖ Children under 22 living with a parent ❖ Providing a Social Security Number only if that person is applying for benefits for themselves 	<input type="checkbox"/> Disqualification Levels <ul style="list-style-type: none"> ❖ First time for – 3 months, continues if client has not complied after 3 months ❖ Second time – for 6 months, continues if client has not complied after 6 months ❖ Third sanction – for 1 year, continues if client has not complied after 1 year
<input type="checkbox"/> Reporting Requirements <ul style="list-style-type: none"> ❖ Semiannual Reporting every six months ❖ Regular reporting within 10 days of knowing about a change ❖ Benefit reduction for not reporting ❖ Changes that must be reported: mailing address, changes to income/job or unearned income, changes to residence; if anyone moves in or out of your home; monthly household costs; changes to resources 	<input type="checkbox"/> Over-Issuance and Claims <ul style="list-style-type: none"> ❖ Means household got more SNAP benefits than it was supposed to get ❖ Established for failure to report correct information ❖ Established due to agency error ❖ Claim collected by reducing SNAP, cash, tax intercept and other ways
<input type="checkbox"/> Work Requirements <ul style="list-style-type: none"> ❖ Work Registration from age 16 through 59 ❖ Registration at least once every 12 months ❖ Participation in work activity, work or training program ❖ Failure to comply results in lower food stamp benefits 	<input type="checkbox"/> Cooperation With Quality Control <ul style="list-style-type: none"> ❖ Household must comply with State QC review ❖ Household must comply with Federal QC review ❖ Failure to comply results in case closure until compliance disqualification period ends.
<input type="checkbox"/> ABAWD Work Requirement <ul style="list-style-type: none"> ❖ Work registration from age 18 through 49 ❖ Must participate in work activity, work or training program at least 20 hours a week ❖ Three months of food stamps allowed if person does not participate at least 20 hours a week ❖ Person disqualified until he or she participates for at least 80 hours in 30 days. 	<div style="text-align: center;">  <p>HUMAN SERVICES DEPARTMENT</p> <p>FSP 013 Revised 5/30/14</p> </div>

TANF WORKER CHECKLIST

<input type="checkbox"/> <p>Application Processing</p> <ul style="list-style-type: none"> ❖ 30-day time limit ❖ Client responsibility to provide verification; if you need help the Department has the responsibility to help you ❖ Up to 3 time extensions at client request ❖ Certification period depends on household circumstances ❖ Recertification required to find out if cash assistance benefits can continue 	<input type="checkbox"/> <p>Conciliation Process</p> <ul style="list-style-type: none"> ❖ Conciliation is a one time opportunity and case must be closed for at least 12 months for new conciliation to be allowed ❖ 30-day period to correct compliance, but ❖ Client must initiate conciliation within 10-working
<input type="checkbox"/> <p>Client Information</p> <ul style="list-style-type: none"> ❖ Rights and Responsibilities ❖ Right to a Hearing ❖ 60-month time limit for adults receiving TANF cash assistance only ❖ Requirement for an interview ❖ Income and Resource limits for the benefit group ❖ Benefits are issued on an Electronic Benefit (EBT) 	<input type="checkbox"/> <p>Sanction Level</p> <ul style="list-style-type: none"> ❖ First sanction-25% reduction in cash ❖ Second sanction-50% reduction in cash ❖ Third sanction-Case closure for six months ❖ Sanction level goes to next level if person has not complied after 3 months
<input type="checkbox"/> <p>How to File a Complaint</p> <ul style="list-style-type: none"> ❖ Ask to speak to a Supervisor ❖ Fill out an ISD 416 Complaint Form ❖ Call Constituent Services 1-800-827-7250 	<input type="checkbox"/> <p>Requirements to Cooperate with CSE</p> <ul style="list-style-type: none"> ❖ Assignment of support rights ❖ Sanction for failure to cooperate
<input type="checkbox"/> <p>Benefit Group Requirements</p> <ul style="list-style-type: none"> ❖ Mandatory Members ❖ Optional Members ❖ Providing a Social Security Number only if that person is applying for benefits for themselves 	<input type="checkbox"/> <p>Overpayments and Claims</p> <ul style="list-style-type: none"> ❖ Means household got more cash than it was supposed to get ❖ Established for failure to report correct information ❖ Established due to agency error ❖ Cash collected by reducing cash assistance, cash, tax intercept and other ways
<input type="checkbox"/> <p>Reporting Requirements</p> <ul style="list-style-type: none"> ❖ Semiannual Reporting every six months ❖ Regular reporting within 10 days of knowing about a change ❖ Benefit reduction for not reporting ❖ Changes that must be reported: Moving address; changes to income/job or unearned income; changes to residence; if anyone moves in or out of your home, monthly household costs; changes to resources 	<input type="checkbox"/> <p>American Disabilities Act (ADA)</p> <ul style="list-style-type: none"> ❖ If you are a person with a disability and require information in an alternative format, or ❖ Require a special accommodation to participate in program services ❖ Contact NMHSD at 1-800-432-6217 or TDD 1-800-609-4TDD ❖ The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations.
<input type="checkbox"/> <p>School Attendance requirements for dependent children</p> <ul style="list-style-type: none"> ❖ Cash reduction if child not in school or has 3 unexcused absences ❖ Parent responsibility to report within 14 days 	<input type="checkbox"/> <p>Child Care Information</p> <ul style="list-style-type: none"> ❖ Available to all TANF recipients participating in work program activities or working ❖ Referral to Children, Youth and Families Dept.
<input type="checkbox"/> <p>Work Requirements</p> <ul style="list-style-type: none"> ❖ Assessment due 15 days after approval (DWP 001) ❖ Individual Responsibility Plan must be completed 15 days after approval (DWP 006) ❖ Work Participation Agreement must be returned 60 days after approval (DWP 005) ❖ Full participation in work activities by the end of 3rd month following approval (DWP 290) ❖ Attendance must be reported by the 5th of every month 	<div style="text-align: center;">  <p>HUMAN SERVICES DEPARTMENT</p> <p>FAP 013 Revised 5/30/14</p> </div>