



NMW Electronic Communication Exchange

TANF Participant Name	Social Security Number	Response Due Date or <input type="checkbox"/> Info Only
Initiated by: <input type="checkbox"/> ISD <input type="checkbox"/> NMW <input type="checkbox"/> Support Service <input type="checkbox"/> IRU <input type="checkbox"/> Other	<input type="checkbox"/> TANF <input type="checkbox"/> One Parent <input type="checkbox"/> Two-Parent	<input type="checkbox"/> SNAP (Food Stamps) <input type="checkbox"/> ABAWD <input type="checkbox"/> Non-ABAWD
Agency Name:		

▼ INITIATOR ▼	▼ RESPONDENT ▼
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Name	Date	Name	Date
E-Mail Address	Phone Number	E-Mail Address	Phone Number
Attachments <input type="checkbox"/> Select <input type="checkbox"/> Select <input type="checkbox"/> Select Other -		Attachments <input type="checkbox"/> Select <input type="checkbox"/> Select <input type="checkbox"/> Select Other -	

1. General Information

Select Other -

Narrative:

Response:

2. Support Services Needed

Select Other -

Narrative:

Response:

3. Work Status Change

Now Mandatory

Now Exempt for: Select

IRU Status: Select

IRU Review Due:

Narrative:

Response:

4. Work Activity Sanctions/Disqualifications

Select Good Cause - Yes No

Narrative:

Response:

INSTRUCTIONS FOR THE USE OF FORM
DWP 009
NMW Electronic Communication Exchange Form

PURPOSE

The New Mexico Works (NMW) Electronic Communication Exchange form, DWP 009, is initiated by either the NMW Program Service Provider or the NMW Support Services provider or by ISD.

The DWP 009 is an electronic form to be used to communicate between agencies that are responsible for working with participants in the TANF, Education Works and Food Stamp Programs.

PROCEDURES

The initiator submits the form to the appropriate respondent. Transmission of the form can be done either electronically or via hard copy. However, if transmission is completed electronically, a hard copy must be retained in the case record of the participant.

INSTRUCTIONS

The initiator completes the information at the top of the form including participant name, SSN, response due date or indication that the info, worker name and phone number.

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If attachments are to be included, they should be indicated by electing from the items listed on the drop down menus.

In each of the four sections of the DWP 009, appropriate selections can be made from the drop down menus. Space is included to further narrate. When sending information to respondents who do not have access to ISD2, it may be appropriate to add the client address and phone number if that information will be needed to provide services.

A response may be entered on the original document if appropriate and returned to the initiator.

DISTRIBUTION

Copy -Initiator
Copy -Respondent

FORM RETENTION

The DWP form 009 is retained in the case record for four (4) years.