

Susana Martinez, Governor Brent Earnest, Secretary Mary Brogdon, Director

## **Manual Revision Memorandum**

**ISD-MR 17-23** 

TO: ISD Employees

FROM: Mary Brogdon Director, Income Support Division

**DATE:** October 20, 2017

RE: Update to ISD 127 - Notice of Appointment revised 9/30/17

The ISD 127 - Notice of Appointment has been updated in ASPEN to incorporate federal and state compliant language. The purpose of this notice is to notify the client about their scheduled appointment. This notice is only available through central print.

## **Instruction:**

New- ISD 127 - Notice of Appointment revised 9/30/17

If you have questions regarding this MR, please contact Gavino Archuleta at (505) 827-7244 or by e-mail at Gavino.Archuleta@state.nm.us.

Attachment: ISD 127 - Notice of Appointment revised 9/30/17

Income Support Division

PO Box 2348 - Santa Fe, NM 87504

Phone: (505) 827-7250 Fax: (505) 827-7203



## Income Support Division Central ASPEN Scanning Area

Central ASPEN Scanning Area PO Box 830 Bernalillo, NM 87504

Phone Number: (800) 283-4465 Fax Number: (855) 804-8960



Case Number: 0123456789 Date: January 1st, 2015

Revision Date: ISD 127 September 30th, 2017

Tom Smith 1600 Pennsylvania Avenue Santa Fe, NM 87505

## **Notice of Appointment**

You are scheduled for Application	a Telepho	one Appointment. This appointment is	s regarding:		
NMW Assessment NMW Individual Responsibility Plan			NMW Work Participation	on Agreement	NMW Other
	and the second s				
Your appointment is sche	eduled for:				
	Date:	February 14, 2012			
	At:	08:00 AM			
	Place:	ISD Field Office Name ISD Field Office Address			
If you are not available	at this tim	e or need to re-schedule please call (80	00) 283-4465.	—	
We will call you for a p or if the number we have	hone inter /e to call y		ct your local ISD office, if yo	u prefer to mee	et with us in person
If you can't come to the	ne intervie	Application Only: Appears for in per w, you can send someone in your place can send, we may be able to schedul	lace. This person should be		
l		, allow my Authorized Representativ	ve to represent me at my Int	erview.	
Person to Represen	t You (Au	thorized Representative):			
Name of Authorized F	erson	Mailing Address		Phone Numbe	r





If you miss your interview, you must request another interview no later than 30 days from the date we received your application. We received your application on February 14, 2015.

**Trigger #6:** Appears for Applications or Recertifications only

If you do not complete your interview, we may not be able to help you.

To help us process your application, look at Examples of Proof of what you need to provide. You need to submit proof of all earned and unearned income for everyone in your household. If you have problems getting any proof, we can try to help you get the proof you need.

Trigger #7: Appears for NMW only

You must comply with all NM Works requirements in order to continue to receive NMW/TANF benefits. Your NMW/TANF benefits may be reduced or terminated if you do not comply with NM Works requirements.

Career Development Specialist	Cassie Smith	
Phone Number	(800) 283-4465	
ISD Office	ISD Office Name ISD Office Address	

Trigger #8: Standard text

For more information or additional services where you live please contact your local ISD office or visit: www.hsd.state.nm.us/isd/fieldoffices.html

Examples of Proof

Below is a list of documents that may be used to determine whether or not you can get benefits. Your caseworker will let you know what documents you need to provide.

io provide.					
■ Where you Live	Utility bill, Rent agreement, letter addressed to you at your ad	dress.			
Social Security Number	Social Security card or letter from the Social Security Adminis	tration (SSA) with your name and number.			
<ul><li>Identity</li><li>Relationship</li></ul>	You may give any of these if they prove identity, relationship or age: Driver's License, Social Security card, Birth or baptism certificate(s), Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records or family bible, letter from a Dr., religious or school official, or someone who knows you, the child's				
≈ Age	relationship to you and knows the child's date of birth.  Note: The Medicaid program will require specific identification proof.				
	Most programs do not require proof of U.S. Citizenship. For medical assistance, the federal government now requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.				
■ U.S. Citizenship	Proof of Citizenship and ID together  A Passport  A certificate of naturalization (Form 550 or N-570)  A certificate of U.S. Citizenship (N-560 or N-561)  A certificate of Indian Blood (CIB)	Proof of Citizenship Alone  U.S. birth certificate If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give your caseworker your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.			
<ul><li>Immigrant Status</li></ul>	If you are an immigrant applying for assistance, you will have to provide original USCIS (formally the INS) records.				
<ul><li>Disability</li></ul>	Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.				
<ul><li>Pregnancy</li></ul>	Medical records that say when your baby is due.				
<ul> <li>School Attendance</li> </ul>	Current report card or letter from the school saying whether your child is attending school.				
- College Student	Letter from the college saying that you are either a part-time or full-time student.				
Student Financial Aid	Letter from the financial aid office stating what types and amounts of financial aid you get and the costs you will have to pay for your schooling.				
Income the most recent 30-day period or all from last month	Earned Income: Check-stubs, a letter from the employer with the hours you will work and the pay you will get. If you are self-employed, you may give your caseworker a copy of your income tax forms, business records or personal wage records.  Unearned Income: Copies of your check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc.				
Loss of a Job (60 days)	Letter from the employer.				
■ Value of Things You Own	Resources/Assets: Recent bank statement or letter of value.				
Things You Transferred	Recent statement or letter of value.				
Health Insurance	ID card or letter from your insurance company.				
Medicare Part A	ID card or letter from Social Security Administration.				
■ Child Support Paid	If you want a deduction for child support you pay, give proof of both the legal responsibility to pay and the amount paid.  Any court or administrative order, or legal separation agreement may be used. For proof of the amount, use cancelled checks, wage withholding statements, verification of withholding from unemployment compensation or written statements from the custodial parent.				
To get credit, just tell us what yo applying for energy/LIHEAP, ple	may help you get the most benefits for which you are eligible. In pay each month, You will only have to give proof if your cases are provide a copy of your heating/cooling cost. If you need help	worker has unresolved questions about your costs. If you are			
<ul> <li>Childcare/Adult Care</li> <li>Home Costs</li> <li>Heating/Cooling Costs</li> </ul>	You may give any of these if they prove your out-of-pocket costs: Agreement, computer printout, money order, letter from the person you pay, divorce or separation papers, statements, receipts, canceled check, copy of a check.				
Medical Costs Elderly or Disabled only	To receive this deduction, proof of your out of pocket medical expenses must be provided.				