



HUMAN SERVICES  
DEPARTMENT

Susana Martinez, Governor  
Sidonie Squier, Secretary  
Ted Roth, Director

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## General Information Memorandum

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**ISD-GI 12- 75**

**TO: ISD Employees**

**FROM: *TR* Ted Roth, Director, Income Support Division**

**RE: SNAP Replacement Benefits-Amended**

**DATE: October 19, 2012**

*(This AMENDED GI is to update and correct ISD-GI 12-10 dated April 26, 2012.)*

*Effective Immediately-See Amendment Below*

**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 10<sup>th</sup> day is on a weekend or holiday, the deadline is the day after the weekend or holiday.
- \*The affidavit is retained 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

**AMENDED**

Once obtained, the affidavit along with the appropriate documentation shall be forwarded to the Quality Improvement Section for replacement of benefits. Please mail the original to QIS address indicated below:

NMHSD  
Income Support Division-Quality Improvement Section  
P.O. 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 QIS, simultaneously. The QIS fax number is (505) 827-7241 or scan a copy of the affidavit to QIS's email address at [ISD.QIS@state.nm.us](mailto:ISD.QIS@state.nm.us)

Attached is the Form -Affidavit of NonReceipt or Destruction of Coupons (ISD446).

*If you have any questions call Sarah Kudza at 505-827-7219, [sarah.kudza@state.nm.us](mailto:sarah.kudza@state.nm.us) or Vida Tapia-Sanchez at 505-827-7219, [Vida.Tapia-Sanchez@state.nm.us](mailto:Vida.Tapia-Sanchez@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.
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 I 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?
2. Was mailbox locked?
3. If mailbox locked, was it pried or forced open?
4. If mailbox forced or pried open was it reported to authorities?
5. If you were waiting, did the mail carrier stop at your address for any reason?
6. Did you discuss nonreceipt of food stamps with the mail carrier?
7. Do you know if anyone else in your neighborhood suffered a mail loss?
8. Has anyone seen a person tampering with mail boxes in your neighborhood?
9. Do you have any idea who might have taken your food stamps?
10. Has your address changed recently?

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

FOR ISD USE ONLY

COUNTY CERTIFICATION STATEMENT INFORMATION

Date household reported loss: \_\_\_/\_\_\_/\_\_\_ Date affidavit received by county: \_\_\_/\_\_\_/\_\_\_
Benefit History: \_\_\_/\_\_\_ Issn. No. \_\_\_\_\_ Amt \$ \_\_\_\_\_ Status Date: \_\_\_/\_\_\_/\_\_\_

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.

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