



HUMAN SERVICES  
DEPARTMENT


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

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## Manual Revision Memorandum

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ISD-MR 13-08

**TO:** ISD Employees  
**FROM:**  Ted Roth, Director, Income Support Division  
**RE:** Forms Manual Revision- DWP130 NMW Participation Status Information Notice  
**DATE:** February 25, 2013

Form DWP 130 NMW Participation Status Information Notice has been updated to include denial of Limited participation. Use of the revised form shall begin immediately. Use existing printed stock first unless you are denying a Limited participation request.

This form has been posted to the forms drive: \\dn1.fasv025\ISDForms

### Instructions:

If the client requests a Limited Participation Request and has not provided the documents requested within 30 days or did not provide current medical documents within the past 6 months the following procedure will be followed:

1. The ISD Worker completes the top section of form DWP 130, and checks the box that indicates **“You are receiving TANF. Your request for Limited Participation has been denied due to the following reason(s)”**.
2. The ISD Worker will state the reason for denial, and provide the client 15 days to get a new WPA from the NMW contractor.
3. The ISD Worker will send notice to the client and to the NM Works contractor.

If the client does not complete a new WPA for Standard Participation within 15 days, client is subject to Non-Compliance.

If you have any questions please call Rebecca Reyes at 827-1323 or [Rebecca.Reyes@state.nm.us](mailto:Rebecca.Reyes@state.nm.us)

## NMW PARTICIPATION STATUS INFORMATION NOTICE

Income Support Division

Case Name	Case Number	Date	<input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered
<b>TO:</b>			

Please read the following notice carefully. It contains information regarding your participation status in the New Mexico Works program and your receipt of TANF and/or SNAP benefits. You only need to read the sections that are checked. The sections that are not checked do not apply to you at this time.

Adults receiving New Mexico Works (NMW) cash assistance must work or participate in approved work activities. Not participating in the NMW program can result in less or no cash benefits to your family. **If you are receiving cash assistance, you must have a current and unexpired Work Participation Agreement (WPA) at all times.**

Adults receiving SNAP benefits may be required to participate in approved work activities. Failure to do so could result in the loss of SNAP benefits.

If you receive this notice, contact your Career Development Specialist (CDS) at: \_\_\_\_\_

		RULE
<input type="checkbox"/>	You are receiving TANF. Your WPA must be revised because your work participation requirements have changed due the following reason(s):  <b>Contact your CDS for an appointment to revise your WPA before: _____</b>	8.102.420 8.102.460 NMAC
<input type="checkbox"/>	You are receiving TANF. Your WPA will be expiring and must be renewed.  <b>Contact your CDS for an appointment to renew your WPA before: _____</b>	8.102.420 8.102.460 NMAC
<input type="checkbox"/>	You are receiving TANF. Your request for Limited Participation has been denied due to the following reason(s):  <b>Contact your CDS for an appointment to renew your WPA before: _____</b>	8.102.420 NMAC
<input type="checkbox"/>	You are receiving SNAP. Your WPA must be renewed.  <b>Contact your CDS for an appointment to renew your WPA before: _____</b>	8.139.410 NMAC

ISD Worker Name and Phone:  _____ ( ) _____
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# NOTICE OF RIGHTS

**CONFIDENTIALITY** All information I give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which I have applied. Confidential information may also be released to other agencies managing federal or federally funded programs. All information will be used to determine eligibility and/or to provide services. (03/29/12)

**CIVIL RIGHTS STATEMENT** All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office, ATTN: Quality Improvement Section, Pollon Plaza, P. O. Box 2348, Santa Fe, New Mexico 87504-2348 or the local Human Services county office. Complaints of discrimination about the Supplemental Nutrition Assistance Program may be filed with the USDA, Director, Office of Adjudication, 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call 1-866-632-9992 or 202-401-0216 (TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call 1-800-368-1019 (voice) and 1-214-767-8940 (TDD). (08/16/11)



**SPECIAL NEEDS INFORMATION** If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System (TDD) at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)

**YOUR RIGHT TO A HEARING** You can ask for a hearing if you do not agree with the information in this notice. A hearing will give you a chance to explain why you do not agree. You can ask for a hearing by:

- Completing and returning the bottom of this letter;
- Writing or calling your local HSD office; or
- Writing the department's Hearings Bureau at Human Services Department, P.O. Box 2348, Santa Fe, N.M. 87504-2348, or by calling 1-800-432-6217 (press 6) or 505-476-6213. (Revised 08/16/11)

**TIME LIMIT FOR ASKING FOR A HEARING** You have 90 days from the date of this notice to ask for a hearing. If you ask for a hearing within 13 days from the date of this notice, you will continue to get the same amount of benefits you received before we took the action in this notice. You will continue to get these benefits until the Department decides your case, unless another change is made to your case. Changes in benefits may be made after you have asked for a hearing if the reason for the change is not the same as the reason for the hearing. If you lose the hearing, you may have to pay back any benefits you received while the Department decided your case. (Revised 9/24/02)

**THE HEARING PROCESS** After you ask for a hearing, the Department will send you a letter telling you the date, time and place where your hearing will be held. The hearing is usually at the HSD county office. The hearing will be conducted by a hearing officer from the HSD Hearings Bureau. You or your representative can look at your case record and any proof we used to decide your case. You will tell why you believe HSD's action was wrong. You may bring witnesses and present proof. You may question the county office about the action taken and proof presented. You may represent yourself. You may be represented by a friend, household member or an attorney. For information on where you can get free legal help, call 1-800-340-9771. After the hearing, the hearing officer will make a report. The HSD Division Director will decide whether the action was right or wrong. After the Director has decided your case, you will be sent a letter telling you of the decision and why the decision was made. (Revised 04/02/03)

PLEASE FILL IN THE SECTION BELOW ONLY IF YOU WANT TO ASK FOR A HEARING, AND RETURN IT TO YOUR LOCAL INCOME SUPPORT OFFICE OR TO THE HEARINGS BUREAU.

I am asking for a hearing. I do not agree with what the Human Services Department told me in this notice because:

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Check one of the boxes below only if you are asking for a hearing:

- I want to continue receiving the benefits I now receive.
- I DO NOT want to continue receiving the benefits I now receive.

Printed Name

Signature

Date

Case Number

Phone Number