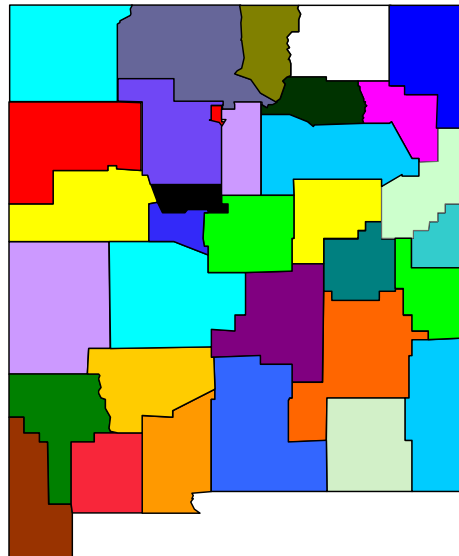


NEW MEXICO HUMAN SERVICES
DEPARTMENT

INCOME SUPPORT DIVISION

NEW MEXICO



Temporary Assistance for Needy Families

Second Amended Work Verification Plan
beginning

Federal Fiscal Year 2012

Susana Martinez
Governor

Sidonie Squier
Secretary

Access • Quality • Accountability



NEW MEXICO FFY-2012 SECOND AMENDED WORK VERIFICATION PLAN



INTRODUCTION

During the 43rd New Mexico Legislature in 1998, the New Mexico Works Act (NMWA) was passed and signed into law creating New Mexico's TANF program as a statutory entity.

It is the purpose of the NMW program to increase family income through employment and receipt of child support income, to enable and assist parents to participate in employment activities, and by viewing cash assistance as a support service rather than as an entitlement. In addition, the purpose of NMW is to change the culture of welfare, both on the part of the Human Services Department and the participants, so that all parties can focus on addressing the barriers to participation in work activities in order to put New Mexicans to work.

The State of New Mexico intends to carry out the purpose of the TANF program by achieving the following objectives.

- Assist participants to obtain and keep employment that is sufficient to sustain and strengthen the family;
- Provide parents with education and training, job preparation, work and support services to enable them to obtain and retain employment and thereby to leave the program;
- Move program participants into work and off of cash assistance and provide transitional services and program features supporting employment retention;
- Provide assistance and services to participants that focus on addressing the barriers to participation in work activities;
- Provide a reasonable level and duration of support for those who are not able to move into employment in the near term; and
- Make NMW assistance and services available in all areas of the state.

The New Mexico Human Services Department (HSD) requires department staff to determine eligibility, to calculate payments and to assure compliance with program requirements for administration of the NMW program.

Work program activities, training and educational services are administered by a Service Provider under contract with the Department. The Department may delegate responsibility or contract for provision of work program services to other public agencies or private profit or non-profit entities.

New Mexico will use the procedures established through this plan for verification and supervision of participants engaged in work activities. We certify that this Plan was fully implemented and operational on October 1, 2008. The Work Verification Plan (WVP), originally approved on September 30, 2008 and Amended on October 1, 2010, includes all the information required by the regulations at 45 CFR 261.62(b) and accurately reflects the provisions under which New Mexico is currently operating. This second amended WVP is dated October 1, 2011.



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I. COUNTABLE WORK ACTIVITIES

A. Unsubsidized employment: means full- or part-time employment in the public or private sector that is not subsidized by TANF or any other public program. Participants whose employers claim a tax credit for hiring economically disadvantaged workers and are not otherwise subsidized by the public sector for the employment will be considered to be in unsubsidized employment. New Mexico shall include paid apprenticeships and paid internships as unsubsidized employment.

Determination of countable hours: New Mexico will use the following methodologies to determine countable hours:

- Hours for participants who work for wages will be determined by actual hours worked and will include paid leave and paid holidays.
- Countable hours for apprentices and interns will be determined by the number of hours paid.
- If unknown, hours for self-employed participants will be determined by dividing net countable income for the term reported by the federal minimum wage. New Mexico will determine net countable income by deducting business expenses and self-employment costs from gross income reported. (New Mexico rules for income eligibility are found at 8.102.520.11 NMAC Determining Income for Self-Employed Individuals and rules for applying deductions are found at 8.102.520.12B NMAC Business expense and self-employment costs.)
- Whenever practical, actual hours worked and income received in a recent 30-day period will be used to project the participant's work participation for up to a 6 month period.
 - Hours and income received for a period either shorter or longer than a 30-day period of time may be used when it is determined by HSD to be indicative of the participant's projected hours and income.

Documentation and Verification:

Wage, salary and contract income and hours will be verified and documented by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A)

And one or more of the following sources:

- copy of pay stub(s) that was current at the time it was used to project hours, but no older than six (6) months from the sample month; if not available then
- Employee Verification Form, ISD Form 408 (Attachment B) signed by employer; if not available then
- letter from employer; if not available then
- pay check (or copy); if not available then
- collateral contact with employer
 - must be an individual or agency designated by the benefit group to provide information concerning eligibility;
 - must be outside the TANF filing unit;
 - acceptable documentation must pass Quality Control standards for collateral



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- contact validity;
- collateral contact must be in a position to make a responsible and reliable assertion to what they are confirming; and
- collateral phone contact will be allowed only in the event where pay stubs and other written verification cannot be obtained. The collateral contact shall be documented in the case file.
- other verification measures allowed by State regulations for the TANF Program as listed on the Help Us Make A Decision, ISD Form 211 (Attachment C).

Self-employment income and hours will be documented by using information provided by one or more of the following sources:

- most recent Federal tax returns;
- quarterly or semiannual tax report(s);
- business records or receipts;
- sworn statement of estimated earnings;
- Personal Wage Record, ISD Form 418 (See Attachment D); or
- a business plan with a prospective estimate of earnings for start-up self employment.

Verification of reported and actual hours: Hours and income verified by any of the sources listed above in this section will establish a participant's work participation hours and income for unsubsidized employment for up to six months. Whenever practical, income and hours will be based upon hours and income projected from a recent 30-day period of actual hours worked and income earned. Income received for a period either shorter or longer than a 30-day period of time may be used when it is determined by HSD to be more indicative of the participant's prospective income. If a participant's work hours are reduced to below the participant's work participation requirement and it becomes known to the agency, the reduced hours and income will be recorded and the participant's participation hours will be re-determined by HSD. Copies of the documentation listed above will serve as verification of hours when wages, salaries, contract, and self-employment income is received. Copies of documentation will be retained in the participant's case file for a term of no less than four years.

New Mexico will project weekly hours for unsubsidized employment:

- for hours reported on a weekly basis will be average weekly hours;
- for hours reported on a bi-weekly basis will be average bi-weekly hours divided by 2;
- for hours reported on a semi-monthly basis will be average semi-monthly hours divided by 2.15; and
- for hours reported on a monthly basis will be average monthly hours divided by 4.3.

B. Subsidized private sector employment: means employment in the private sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a TANF individual. If the employee receives a subsidy (i.e. TANF) while employed, that shall not be considered subsidized employment. New Mexico will use TANF funds to offset the wages of employing a TANF individual for an established period of time, at which time the employer is expected to hire the individual. New Mexico shall include



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subsidized, private sector paid apprenticeships and paid internships as subsidized employment.

Determination of countable hours: Hours in subsidized private sector activity will be determined by actual hours worked including paid leave and paid holidays and projected for up to six months.

Documentation and Verification:

Subsidized private sector employment income and hours will be verified and documented by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A)

And one or more of the following sources:

- copy of pay stub(s) that was current at the time it was used to project hours, but no older than six (6) months from the sample month; if not available then
- Employee Verification Form, ISD Form 408 (Attachment B) signed by employer; if not available then
- letter from employer; if not available then
- pay check (or copy); if not available then
- collateral contact with employer
 - must be an individual or agency designated by the benefit group to provide information concerning eligibility;
 - must be outside the TANF filing unit;
 - acceptable documentation must pass Quality Control standards for collateral contact validity;
 - collateral contact must be in a position to make a responsible and reliable assertion to what they are confirming; and
 - collateral phone contact will be allowed only in the event where pay stubs and other written verification cannot be obtained. The collateral contact shall be documented in the case file.
- other verification measures allowed by State regulations for the TANF Program as listed on the Help Us Make A Decision, ISD Form 211 (Attachment C).

Verification of reported and actual hours: Hours and income verified by any of the sources listed above in this section will establish a participant's work participation hours and income for unsubsidized employment for up to six months. Whenever practical, income and hours will be based upon hours and income projected from a recent 30-day period of actual hours worked and income earned. Income received for a period either shorter or longer than a 30-day period of time may be used when it is determined by HSD to be more indicative of the participant's prospective income. If a participant's work hours are reduced to below the participant's work participation requirement and it becomes known to the agency, the reduced hours and income will be recorded and the participant's participation hours will be re-determined by HSD. Copies of the documentation listed above will serve as verification of hours when wages, salaries, contract, and self-employment income is received. Copies of documentation will be retained in the participant's case file for a term of no less than four years.



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New Mexico will project weekly hours for subsidized private sector employment:

- for hours reported on a weekly basis will be average weekly hours;
- for hours reported on a bi-weekly basis will be average bi-weekly hours divided by 2;
- for hours reported on a semi-monthly basis will be average semi-monthly hours divided by 2.15; and
- for hours reported on a monthly basis will be average monthly hours divided by 4.3.

C. Subsidized public sector employment means employment in the public sector for which the employer receives a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing a TANF individual. New Mexico will use TANF funds to offset all the wages of employing a TANF individual for up to twelve months. Subsidized public sector employees will be paid no less than the greater of the federal or state minimum wage. Subsidized public sector employees may pursue job search as a paid activity not to exceed 4 hours per week. Paid job search will be supervised and reported as paid time. New Mexico shall include subsidized public sector paid apprenticeships and paid internships as subsidized employment. Individuals whose employers claim a tax credit for hiring economically disadvantaged workers and are not otherwise subsidized by the public sector for the employment will be considered to be in unsubsidized employment.

Determination of countable hours: Hours in subsidized public sector activity will be determined by actual hours worked including paid leave and holidays and may be projected for up to six months.

Documentation and Verification:

Subsidized public sector employment income and hours will be verified and documented by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A)

And one or more of the following sources:

- copy of pay stub(s) that was current at the time it was used to project hours, but no older than six (6) months from the sample month; if not available then
- Employee Verification Form, ISD Form 408 (Attachment B) signed by employer; if not available then
- letter from employer; if not available then
- pay check (or copy); if not available then
- collateral contact with employer
 - must be an individual or agency designated by the benefit group to provide information concerning eligibility;
 - must be outside the TANF filing unit;
 - acceptable documentation must pass Quality Control standards for collateral contact validity;
 - collateral contact must be in a position to make a responsible and reliable assertion to what they are confirming; and
 - collateral phone contact will be allowed only in the event where pay stubs and other written verification cannot be obtained. The collateral contact shall



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be documented in the case file.

- other verification measures allowed by State regulations for the TANF Program as listed on the Help Us Make A Decision, ISD Form 211 (Attachment C).

Verification of reported and actual hours: Hours and income verified by any of the sources listed above in this section will establish a participant's work participation hours and income for unsubsidized employment for up to six months. Whenever practical, income and hours will be based upon hours and income projected from a recent 30-day period of actual hours worked and income earned. Income received for a period either shorter or longer than a 30-day period of time may be used when it is determined by HSD to be more indicative of the participant's prospective income. If a participant's work hours are reduced to below the participant's work participation requirement and it becomes known to the agency, the reduced hours and income will be recorded and the participant's participation hours will be re-determined by HSD. Copies of the documentation listed above will serve as verification of hours when wages, salaries, contract, and self-employment income is received. Copies of documentation will be retained in the participant's case file for a term of no less than four years.

New Mexico will project weekly hours for subsidized public sector employment:

- for hours reported on a weekly basis will be average weekly hours;
- for hours reported on a bi-weekly basis will be average bi-weekly hours divided by 2;
- for hours reported on a semi-monthly basis will be average semi-monthly hours divided by 2.15; and
- for hours reported on a monthly basis will be average monthly hours divided by 4.3.

D. Work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available, means a work activity, performed in return for welfare, that provides an individual with an opportunity to acquire the general skills, knowledge, and work habits necessary to obtain employment. The purpose of work experience is to improve the employability of those who cannot find unsubsidized employment.

This activity will be supervised by an employer, work site sponsor, or other responsible party on an ongoing basis no less frequently than daily. Supervision will be compatible with the supervision provided by the employer to paid employees in training at that worksite. Work experience may be in a public or private sector setting. New Mexico shall include unpaid apprenticeships and unpaid internships as work experience.

All work providers must sign a work experience agreement in which the HSD agrees:

- to make appropriate referrals to the sponsoring agency based on the TANF participant's work experience plan and individual needs;
- to provide the necessary support services and to monitor the participant's progress towards their employment goals;
- the participant must understand that they will not be paid while in a work experience activity and that they are not entitled to a job after the work experience is complete, and the sponsoring agency will be encouraged to give hiring preference consideration to the



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participant; and

- the Department will provide participants with medical and/or liability insurance.

The sponsoring agency must agree:

- that the work experience must relate to a vocational trade;
- that the participant is not paid while in a work experience activity;
- that it will provide supervision in a safe and healthy environment;
- the work experience is for the benefit of the participant and the sponsoring agency derives no immediate advantage from the participant's activities
- that it will submit a progress report along with required attendance reports; and
- and the agency will give a hiring preference to the participant assigned to the agency

Both parties must agree:

- that participation will be free of any direct or indirect racial, ethnic, sex, age, handicap, political affiliation, or religious discrimination;
- that a participant shall not be assigned to a training site if it would result in the partial or full displacement of an already employed worker, a worker on lay-off status, or infringe on the promotional opportunities of a worker; and
- that a participant whose conduct becomes dangerous or disruptive or who consistently violates the sponsoring agency's rules and regulations will be terminated when all reasonable attempts at intervention have failed.

Determination of countable hours: Work experience activity hours will be determined by actual hours worked with holiday time and excused absences calculated in (See § II A of the verification plan below). New Mexico has been approved for a "mini" simplified Food Stamp plan (Attachment F) and will implement a determination of work requirements to comply with FLSA minimum wage standards. Individuals in work experience shall be deemed to be working 20 "core" hours for single parent families and 30-50 hours for two-parent families, depending on whether or not the family receives federally subsidized child care, if the number of hours in this activity allowed by FLSA falls short of the "core" requirement as long as the client works the maximum number of hours allowed by FLSA.

SNAP and TANF assistance provided to work experience participants are not considered as wages for Social Security, Federal income tax or Earned Income Tax Credit provisions. Currently New Mexico does not cover work experience under workman's compensation, but reserves that option.

Documentation and Verification:

Work Experience hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Work Activity Timesheet, ISD Form DWP 007 (Attachment F). Hours assigned to a participant for work experience will be monitored and adjusted monthly to individual participant requirements. Timesheets must indicate daily supervision and will



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be signed by the work site supervisor or other responsible individual. Timesheets will be submitted to the HSD or designee on paper or through electronic means on a monthly basis. Timesheet results will be entered into the HSD's computer tracking system. The tracking documents, printouts or copies of timesheets will be filed in the participant's case-file and retained for a minimum of four years; and

- NMW Work Experience Training Agreement, DWP Form 272 (Attachment G); and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the timesheet and the Work Experience Training Agreement.

E. On-the-job Training (OJT) means training in the public or private sector that is given to a paid employee while he or she is engaged in productive work and that provides knowledge and skills essential to the full and adequate performance of the job. On-the-job training must be supervised by an employer, work site sponsor, or other responsible party on ongoing basis no less frequently than daily. New Mexico will coordinate with Department of Workforce Solutions (OWS), Workforce Investment Act (WIA), One-Stops or the New Mexico Economic Development Department's Job Training Incentive Program (JTIP) to engage TANF participants in this work activity. OJT may be subsidized or unsubsidized. OJT is paid employment and may include professional certification, practicum, internship, and clinical training. To qualify as OJT there must be a contractual agreement with the employer and the HSD may pay no more than 50% of the participant's wage and benefit package. The employer of an OJT participant will retain the employee after the successful completion of the OJT contract and the existence of a written training plan; these plan requirements distinguish OJT from other subsidized employment.

Determination of countable hours: Hours in an OJT activity will be determined by actual hours worked or upon the contract the HSD has with the employer (*if and only if collateral contact confirms the contract indicates actual hours*), including paid leave and holidays and projected for up to six months.

Documentation and Verification:

OJT employment income and hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A)

And one or more of the following sources:

- copy of pay stub(s) that was current at the time it was used to project hours, but no older than six (6) months from the sample month; if not available then
- Employee Verification Form, ISD Form 408 (Attachment B) signed by employer; if not available then
- letter from employer; if not available then
- pay check (or copy); if not available then
- collateral contact with employer
 - must be an individual or agency designated by the benefit group to provide information concerning eligibility;



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- must be outside the TANF filing unit;
 - acceptable documentation must pass Quality Control standards for collateral contact validity;
 - collateral contact must be in a position to make a responsible and reliable assertion to what they are confirming; and
 - collateral phone contact will be allowed only in the event where pay stubs and other written verification cannot be obtained. The collateral contact shall be documented in the case file.
- other verification measures allowed by State regulations for the TANF Program as listed on the Help Us Make A Decision, ISD Form 211 (Attachment C).

Verification of reported and actual hours: Income verified by any of the sources listed above in this section will establish countable hours for OJT employment for up to six months. Whenever practical income and hours will be based upon income and hours worked projected from a recent 30-day period of actual income. Income received and hours worked for a period either shorter or longer than a 30-day period of time may be used when it is determined by HSD to be more indicative of the participant's prospective income and hours worked. If a reduction in work hours to below the participant's requirement becomes known to the agency, the reduction will be recorded and the participant's new work rate will be re-determined by the HSD. Copies of the documentation listed above will serve as verification of hours when wages, salaries, and contract income is received. Copies of documentation will be retained in the participant's case file for a term of no less than four years.

F. Job Search and Job Readiness Assistance means the act of seeking or obtaining employment, preparation to seek or obtain employment, including life skills training and substance abuse treatment, mental health treatment, or rehabilitation activities. Substance abuse treatment or therapy, mental health treatment or therapy, domestic violence counseling or rehabilitation activities must be determined as necessary for participation in work activities by a qualified (state certified) medical, substance abuse, or mental health professional. Job search and job readiness assistance activities must be supervised by the HSD or other responsible party on an ongoing basis no less frequently than daily.

Supervision of this activity will be provided by the Career Development Specialist (herein "CDS") and will consist at a minimum of daily contact via telephone or email providing guidance. The CDS will be responsible for monitoring time through random verification of contacts and valuation of time spent per contact.

Determination of countable hours: Job-search: Credit for looking for job openings, making contact with potential employers, applying for vacancies and interviewing for jobs, and in labor market training will be determined by actual hours spent on these activities.

Preparing an individual to obtain employment: Countable hours for activities, such as: preparation of resumes, job applications, honing interviewing and communication skills, receiving instruction and training on work place expectation, labor market training and life skills training will be determined by actual hours of participation. To be countable as participation



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these hours must be supervised daily and reported on timesheets.

In New Mexico *life skills activities* will be considered as job readiness. *Life skills activities* may include money management, parenting and nutrition classes, short term substance abuse treatment, mental health treatment, or rehabilitation activities for those who are otherwise employable. Such treatment or therapy must be determined to be necessary and certified by a qualified medical or mental health professional.

Job Search and Job Readiness activities include:

- Structured job search, including searching for job openings, applying for jobs and interviewing for positions.
- Participation in workshops to build skills in job search competencies such as honing interviewing skills, instruction in work place protocol and expectations, resume writing, and job search clubs.
- Life skills training.
- Substance abuse treatment prescribed with treatment plan by a qualified social worker, a substance abuse professional, or a health care practitioner.
- Mental health services prescribed with treatment plan by a qualified social worker or mental health care practitioner.

Treatment: Countable hours for substance abuse treatment, mental health treatment, or rehabilitation treatment will be determined by actual hours spent participating in treatment or rehabilitation.

Job search and job readiness shall be limited to 20 hours a week and 120 hours within the preceding 12 month period for a work eligible single custodial parent with a child under the age of six or 30 hours a week and 180 hours within the preceding 12 month period for all other work eligible individuals in which no more than four weeks are consecutive. For purposes of averaging the number of hours a participant has used for a job search, a week is defined as 5 days. The definition of a week involving five days is for the purpose of counting a week in which an individual participated in the activity for three or four days as a full week. A week is defined as 7 consecutive days for the purpose of determining the four consecutive week limit. An individual is not required to take a week's break from an activity, but the State cannot report the hours as meeting a core activity.

Needy State Status: New Mexico will allow parents with a child under six years of age to participate in 240 hours of job search and job readiness and parents with a child over six years of age to participate in 360 hours of job search and job readiness in those months when New Mexico meets the federal definition of a "needy state." Each month before reviewing the sample month, staff will check with the ACF website to determine if New Mexico met the definition of a "needy state" for the sample month. Should New Mexico not meet the "needy state" definition for the sample month, any hours in job search and job readiness that exceed 120/180 annual hours, will not be counted toward the client's work participation for that month.



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Job Search and Job Readiness hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F) Timesheets must indicate daily supervision, which does not need to be in-person, and will be signed by the CDS or other responsible individual to signify that the hours reported are true and accurate. Timesheets will be submitted to the HSD or designee on paper or through electronic means on a monthly basis. Timesheet results will be entered into HSD's computer tracking system; and
- Job Search Cards, DWP Form 277, (Attachment I) Job search cards will be reviewed by the CDS with the client. The CDS will contact, at minimum, one employer listed on the each job search card to verify the validity of the contact. The CDS will indicate which employer was contacted and the validity of the contact by initialing the job search card next to the contacted employer. If the card accurately reflects the client's job search activities for the month, the CDS or other responsible individual will sign and date the card signifying the validity of all job search activities; and
- Job Search Tracking Form, DWP Form 012, (Attachment J) HSD's job search tracking form, will be reviewed to ensure that no recipient is credited with job search or job readiness activity participation for: (1) more than four consecutive weeks; (2) weekly activity in excess of 20 or 30 hours; and (3) activity in excess of 120/180 or 240/360 hours within the preceding 12 month period. The job search tracking form must be signed, dated, and submitted along with the timesheet and job search cards; and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation.

The tracking documents will be filed in the participant's case-file and retained for a minimum of four years. If the participant exceeds the four consecutive week restriction or exceeds the 12 month 120/180 or 240/360 hour limits, those hours will be reported on the ACF-199 as "Other Work Activities" and will not be counted toward the participants work participation requirement.

G. Community Service Programs means structured programs and embedded activities in which TANF individuals perform work for the direct benefit of the community under the auspices of public or nonprofit organizations. Community service programs will be limited to projects that serve a useful community purpose in fields such as health, social service, environmental protection, education, urban and rural redevelopment, welfare, recreation, public facilities, public safety, and child care. Community service programs are designed to improve the employability of TANF individuals, and must be supervised on an ongoing basis no less frequently than daily. The HSD will review each placement and take into account, to the extent possible, the prior training, experience, and skills of an individual in making appropriate community service assignments.

Determination of countable hours: Participation in community service hours will be determined by actual hours worked with holiday time and excused absences calculated in (See §



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II A of the verification plan below). New Mexico has been approved for a “mini” simplified Food Stamp plan (Attachment D) and will implement a determination of work requirements to comply with FLSA minimum wage standards. Individuals in Community Service activities shall be deemed to be working 20 “core” hours for single parent families and 30 or 50 “core” hours for two-parent families, depending on whether or not the family receives federally subsidized child care, if the number of hours in this activity allowed by FLSA falls short of the “core” hours requirement.

Community Service hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F) Hours assigned to a participant for community service will be monitored and adjusted monthly to individual participant requirements, in accordance with FLSA standards. Timesheets must indicate daily supervision and will be signed by the work site supervisor or other responsible individual. Timesheets will be submitted to the HSD or designee on paper or through electronic means. Timesheet results will be entered into the HSD’s computer tracking system; and
- NMW Community Service Agreement, DWP Form 273 (Attachment K); and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation.

The tracking documents will be filed in the participant’s case-file and retained for a minimum of four years.

Supervision of Community Service activity will be provided by the work site supervisor who must report time spent in the activity on signed timesheets.

H. Vocational Education training (not to exceed 12 months with respect to any individual) means organized career and technical educational programs that are directly related to the preparation of individuals for employment in current or emerging occupations. New Mexico will report engagement in the following as Vocational Training activities:

- **Baccalaureate or advanced degree programs:** Baccalaureate programs consist of academic work usually requiring 40 courses or 120 semester credit hours. Completion of these programs can provide a Bachelor’s Degree in Arts or Sciences. Advanced degree programs are third in the hierarchy of post secondary education. These more concentrated programs typically require one to two years of academic study. Completion of these programs can provide a Master’s Degree in Arts or Sciences. Once the client has exhausted his/her 12 months of vocational education, the client can continue pursuing a Baccalaureate or advanced degree program but must also participate in another core activity to meet work participation requirements.
- **Vocational associate degree programs:** those programs consisting of both academic and vocational for-credit course work that usually requires about 60 credits. Completion of



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these programs can provide an associate of arts (AA), associates of science (AS) or associate of applied science (AAS) degree in fields defined as vocational.

- **Instructional certificate programs:** programs generally designed to upgrade job-related skills, which generally require up to a year to complete and involve far less academic work than associate degrees.
- **Industry skills certifications:** industry-developed certificates for students who demonstrate specific skills, often through a test. Preparation for tests, include both self-study and courses offered at postsecondary institutions or other training providers.
- **Noncredit course work:** curriculum designed to accommodate those who want specific job-related skills at an accredited institution.

Basic remedial education and English as a Second Language (ESL) can count as part of the Vocational Education component only if they are included as embedded activities in the curriculum. In order to count as work activity, basic remedial education or ESL must be required subjects by counseling or evaluative services provided by the attended educational facility.

Distance education and online certificate programs in the Associate Degree and Certificate programs listed above must be taken at an institution accredited by an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) or by the U.S. Department of Education in order to qualify as a work activity and approved on a case-by-case basis by HSD. A list of U.S. Department of Education accredited post secondary educational institutions can be accessed using the following link: <http://ope.ed.gov/accreditation/>

In order to count for participation, class and homework hours must be reported on timesheets and verified as supervised by the attended institution's instructor or aide.

Determination of countable hours: Countable hours in Vocational Education will be determined by actual hours spent in class-time and completion of supervised study hours, with holiday time and excused absences calculated in (See § II A of the verification plan below). New Mexico will allow unsupervised study and homework time. Unsupervised study time will be counted on an hour for hour basis with classroom time, as long as the amount of study time does not exceed the educational program requirements. Supervised study time will consist, at a minimum, of study in a setting where the instructor or aide is present. Hours spent in supervised group or individual study arrangements must be reported on timesheets and require supervisor verification for each block of reported study time.

Vocation Training hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F). Timesheets will be signed by the instructor or other responsible party. The timesheets will contain an area for reporting supervised and unsupervised study time. The HSD will monitor curriculum to ensure the class and study time spent in the academic portion of vocational training



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relating to ESL and basic or remedial education receive separate reporting identification on timesheets. Timesheets will be submitted to the HSD or designee on paper or through electronic means on a monthly basis. Timesheet results will be entered into the HSD's computer tracking system with codes indicating Vocational Training. This activity will be entered into New Mexico's eligibility system and will be monitored for the duration of the participant's tenure on TANF benefits, by the Department and the CDS to ensure it is limited to 12 months; and

- Course outline or syllabus; and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation.

The tracking documents, printouts or copies of timesheets will be filed in the participant's case-file.

New Mexico enters vocational education participation hours in the Work Program Screens on ISD2. This information is permanently saved in the computer system. Any vocational education activity recorded in a month is considered a month of participation in vocational education. When New Mexico's disaggregate report sample is reviewed, any work eligible recipient that is participating in vocational education in the sample month is evaluated to determine if the 12 month lifetime limit has been reached. If the participant has reached the 12 month limit, then the hours reported in vocational education are reported on the ACF-199 as "Other Work Activities" and are not considered as hours used to meet participation requirements.

I. Job Skills Training Directly Related to Employment means training or education for job skills required by an employer to provide a work eligible individual with the ability to obtain employment or to advance or adapt to the changing demands of the workplace. New Mexico will count activities such as Adult Basic Education (ABE), English as a Second Language, General Educational Development (GED), Post Secondary Education and other programs not considered as Vocational Education and not counted in Core activities in this activity. The HSD will determine on a case-by-case basis if the participant qualifies for this activity.

Distance education and online programs for Adult Basic Education (ABE), English as a Second Language, Post Secondary Education and other programs not considered as Vocational Education must be taken at an institution accredited by an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) or by the U.S. Department of Education in order to qualify as a work activity. These activities must be approved on a case-by-case basis by HSD and must be assigned as prerequisites by the institution's advisor or guidance counseling service. In order to count for participation class and homework hours must be reported on timesheets and verified as supervised by the attended institution's instructor or aide.

Determination of countable hours: This activity will be supervised daily and countable hours will be determined by actual hours spent in class-time and completion of supervised study hours, with holiday time and excused absences calculated in (See § II A of the verification plan below). Unsupervised study time will be counted on an hour for hour basis with classroom time, as long



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as the amount of study time does not exceed the educational program requirements. Supervised study time will consist, at a minimum, of study in a setting where the instructor or aide is present. Hours spent in supervised group or individual study arrangements must be reported on timesheets and require supervisor verification for each block of reported study time.

Hours spent in group or individual study arrangements must be reported on timesheets and require supervisor verification for each block of reported study time.

Job Skills Training hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F). Timesheets will be signed by the instructor or other responsible party. The timesheets will contain an area for reporting unsupervised and supervised study time. Timesheets will be submitted to the HSD or designee on paper or through electronic means on a monthly basis. Timesheet results will be entered into the HSD's computer tracking system with a code indicating Job Skills Training Directly related to Employment as appropriate; and
- Course outline or syllabus; and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation.

The tracking documents will be filed in the participant's case-file and retained for a minimum of four years.

J. Education Directly Related to Employment, in the case of a work eligible individual who has not received a high school diploma or a certificate of high school equivalency means education related to a specific occupation, job, or job offer. New Mexico will count activities such as adult basic education (ABE), English as a Second Language (ESL) and where a high school or equivalency diploma is required as a prerequisite for employment will include education leading to a GED or equivalency diploma.

Distance education and online programs for ABE, GED and ESL must be taken at an institution accredited by an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) or by the U.S. Department of Education in order to qualify as a work activity and approved on a case-by-case basis by HSD. In order to count for participation class and homework hours must be reported on timesheets and verified as supervised by the attended institution's instructor or aide.

Determination of countable hours: This activity will be supervised daily and countable hours will be based on actual hours spent in an educational activity and completion of supervised and unsupervised study hours, including holiday time and excused absences. (See § II A of the verification plan below). New Mexico will allow unsupervised study and homework time. Unsupervised study time will be counted on an hour for hour basis with classroom time, as long as the amount of study time does not exceed the educational program requirements. Each case file will include documentation from the educational program stipulating the homework and



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study expectations of the educational program. Additionally, supervised study time will consist, at a minimum, of study in a setting where the instructor or aide is present. Hours spent in supervised group or individual study arrangements must be reported on timesheets and require supervisor verification for each block of reported study time.

Education Relating to Employment hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F). Timesheets will be signed by the instructor or other responsible party. The timesheets will contain an area for reporting unsupervised and supervised study time. Timesheets will be submitted to the HSD or designee on paper or through electronic means on a monthly basis. Timesheet results will be entered into the HSD's computer tracking system with a code indicating Education Directly Related to Employment as appropriate; and
- Course outline or syllabus; and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation

The tracking documents will be filed in the participant's case-file and retained for a minimum of four years.

K. Satisfactory school attendance at a secondary school or in a course of study leading to a certificate of general equivalence, in the case of a work eligible individual who has not completed secondary school or received such a certificate means regular attendance, in accordance with the requirements of the secondary school or course of study at a secondary school, or in a course of study leading to a certificate of general equivalence, in the case of an individual who has not completed secondary school or received such a certificate. This activity may include ABE or ESL if they are linked with attending a secondary school or GED program.

Distance education and online programs for ABE, GED and ESL must be taken at an institution accredited by an accrediting agency recognized by the Council for Higher Education Accreditation (CHEA) or by the U.S. Department of Education in order to qualify as a work activity and approved on a case-by-case basis by HSD. In order to count for participation class and homework hours must be reported on timesheets and verified as supervised by the attended institution's instructor or aide.

Determination of countable hours: This activity will be supervised daily and countable hours will be based on actual hours spent in class-time and completion of unsupervised and supervised study hours, including holiday time and excused absences. (See § II A of the verification plan below). New Mexico will also allow unsupervised study and homework time. Unsupervised study time will be counted on an hour for hour basis with classroom time, as long as the amount of study time does not exceed the educational program requirements. Each case file will include documentation from the educational program stipulating the homework and study expectations of the educational program. Additionally, supervised study time will consist, at a minimum, of



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study in a setting where the instructor or aide is present. Hours spent in supervised group or individual study arrangements must be reported on timesheets and require supervisor verification for each block of reported study time.

Satisfactory School Attendance hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F). Timesheets will be signed by the instructor or other responsible party. The timesheets will contain an area for reporting unsupervised and supervised study time. In order to count as participation each block of study time must be initialed by the instructor or aide. Timesheets will be submitted to the HSD or designee on paper or through electronic means on a monthly basis. Timesheet results will be entered into the HSD's computer tracking system with a code indicating satisfactory attendance at a secondary school as appropriate; and
- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation.

The tracking documents, printouts or copies of timesheets will be filed in the participant's case-file and retained for a minimum of four years.

L. Providing child care services to an individual who is participating in a community service program means providing child care to enable another TANF individual to participate in a community service program or someone in an MOE funded program. New Mexico will credit this activity as an unpaid activity only. This activity will be structured and designed to improve the employability of the work eligible individual who participates in it. In a 2-Parent family, one parent cannot count as participating by providing childcare for his or her own child while the other parent participates in community service.

Determination of countable hours: This activity will be supervised daily and child care service hours will be determined by actual hours worked with holiday time and excused absences calculated in (See § II A of the verification plan below).

Satisfactory School Attendance hours will be documented and verified by using information provided from:

- NMW Work Participation Agreement, DWP Form 005 (Attachment A); and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F). Timesheets must indicate daily supervision and will be signed by the community service participant or other responsible individual. Timesheets will be submitted to the HSD or designee on paper or through electronic means. The HSD will ensure timesheets do not indicate more than two hours per day more than the community service participant is reporting for their activity. This will be accomplished by comparing the time reported by the individual providing day care's timesheet to the timesheet of the individual participating in community service. The daily maximum of two hours will ensure that child care can be credited while the community service participant travels to and from their job site, but



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will not credit childcare hours for other activities done by the community service participant. Timesheet results will be entered into the HSD's computer tracking system; and

- Excused Absence Tracking Form, DWP Form 011, (Attachment H), **if applicable**. The excused absence tracking form must be signed, dated, and submitted along with the above referenced documentation; and
- NMW Work Participation Agreement, DWP Form 005 (Attachment A) **for the Community Service client**; and
- NMW Non-Paid Activity Timesheet, DWP Form 007 (Attachment F) **for the Community Service Client**.

The tracking documents will be filed in the participant's case-file and retained for a minimum of four years.

Guidance and supervision for individuals providing child care services to an individual who is participating in community service programs will be provided by the Department and shall consist at a minimum of daily telephonic conferences and will be designed to promote a move to self-sufficiency.

II. HOURS ENGAGED IN WORK

A. Excused Absences

In New Mexico holidays shall include:

- New Year's Day
- Martin Luther King Day
- President's Day
- Memorial Day
- Independence Day
- Labor Day
- Columbus Day
- Veteran's Day
- Thanksgiving Day
- Christmas Day

Other Excused Absence Policy: Eligibility for an excused absence from a work activity may be determined by the supervisor of the work activity, by the CDS, or by HSD's caseworker based on good cause provisions in the TANF state regulations. Other situations in which an employee would be excused from work without penalty in the public or private sector may count as an excused absence. For excused absences, there is an allowable maximum of 80 hours within a preceding 12 month period, with no more than 16 hours in any one month. If an excused absence is taken during the month, a signed and dated Excused Absence Tracking Form (see Attachment H) must be submitted along with the timesheet. The Tracking Form will indicate all



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previous excused absences taken within the preceding 12 month period. An excused absence may not exceed the number of hours that the participant was scheduled to be participating in a non-paid activity.

Activity Categories Eligible for holiday and Other Excused Absences: The holiday and other excused absence credit will be applied on a monthly basis to the following work activities and may not exceed the scheduled hours that the excused absence or holiday covers:

- Work Experience
- Job search and Job Readiness Assistance
- Community Service Programs
- Vocational Education Training
- Job Skills Directly Related to Employment
- Education Directly Related to Employment
- Satisfactory Attendance at a Secondary School
- Providing Child Care to Community Service Participant

B. FLSA Impact on Work Experience and Community Service

The regulations allow for States to “deem” individuals who work the maximum number of hours permitted per month under FLSA rules, but still fall short of the core activity requirement, as having met the 20 “core” hours a week requirement for the overall rate and 30-50 “core” hours a week for all 2 parent work eligible individuals, depending on whether or not the family receives federally subsidized child care. This provision applies only to work experience and community service as defined at §§ 261.31 and 261.32. It is the State understanding that ACF is limiting this “deeming” policy to States that combine the FSP and TANF benefit amounts when calculating maximum hours for these two work activities. New Mexico has implemented a “mini-” Simplified Food Stamp Program (SFSP) option that permits States to count the value of SNAP in determining maximum hours of work. The mini-SFSP allows us to combine the dollar value of SNAP and then “deem” any hours that fall short of the standard and the TANF work experience or community service program can serve in place of the FSP workfare program.

For participants assigned to work experience and community service the state agency shall take the combined amount of monthly cash assistance and food stamp benefits based upon the most recent certification of benefits and divide the combined amounts by the higher of the Federal or State minimum wage. The balance will be rounded down to the closest full number in calculation of participant hours. In both all-families and two-parent situations where hours are calculated under this provision the state agency shall “deem” any remaining hours for the month up to the monthly core work requirement once the maximum number of allowable hours has been met. In no situation shall a recipient be required to complete work experience or community service above the hours determined during for a month’s participation.

New Mexico has applied for no other provision except the minimum requirement of the Interim regulations.



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New Mexico is not applying any other provisions beyond the hour work requirement that is not required under the Interim Regulations.

III. IDENTIFYING WORK ELIGIBLE INDIVIDUALS

A Work Eligible Individual is defined as an adult or minor child head of household receiving TANF Cash Assistance or a non-recipient parent living with a child who receives TANF Cash Assistance, unless the head of household or the non-recipient parent meets any of the following exclusions:

- A minor parent and not the head-of-household;
- An alien who is ineligible to receive assistance due to his or her immigration status; or
- A recipient of Supplemental Security Income (SSI), on a case-by-case basis;

In addition, the following individuals are excluded:

- A parent who is a recipient of Social Security Disability Insurance (SSDI) benefits, unless the recipient is employed and is meeting the work participation rate and is included as an optional work eligible individual.
- A parent, who is providing care for a disabled family member living in the home
 - In order to qualify for this exception, the parent must provide written verification from a medical practitioner that the parent is needed in the home to care for the disabled family member. The verification must be reviewed and the exemption approved by the Incapacity Review Unit.

Individuals applying for New Mexico's Temporary Assistance for Needy program must complete a paper application, and meet with a Family Assistance Analyst (FAA) to review the application. During the initial meeting, or within thirty days, the individual applying for assistance must provide certain documents that are used to establish the individual's and their family's citizenship, residency, age, relationship, resource, income levels, and other factors. Additionally, if the individual states they or one of their family members has a physical or mental impairment that precludes participation in work activities, medical documentation must be provided that specifies the individual's limitations or for the requirement of the individual to care for an incapacitated household member. Medical documentation must be from a qualified medical practitioner.

The FAA establishes eligibility for assistance once the applicant submits all of the necessary documentation. The FAA is also responsible for reviewing the work status of all adult or minor head of household and notifying individuals of their work status.

A minor parent who is not the head-of-household and not spouse of the head-of-household is identified through self-declaration, information provided on the TANF application, and documentation submitted with the TANF application.

An alien who is ineligible to receive assistance due to his or her immigration status is identified through self-declaration, information provided on the TANF application, and documentation submitted with the TANF application.



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A recipient of SSI or SSDI benefits is identified through self-declaration, information provided on the TANF application, documentation submitted with the TANF application, or through system interface scans with the Social Security Administration (SSA) with the State Data Exchange (SDX)

The FAA enters the work eligibility status of each individual on the state's eligibility system, ISD2, on the PFPS screen.

The Incapacity Review Unit reviews all requests from individuals who state that they cannot fully participate in work activities. Limited activities and/or required participation hours may be assigned to these individuals.

ALL FAMILIES AND WORK ELIGIBLE CODING

In addition, the electronic eligibility system "PFPS" screen has a data field where the FAA identifies if a person is a work eligible individual. The valid values entered by the worker if the individual is "Work Eligible" is a "Y", or "N", if not.

Two-parent work eligible individuals are identified and coded by the FAA. The "FACL" screen of the eligibility system, ISD2, has a worker entered code identifying whether there are two parents in the home. Then based on the relationship, disability, work registration and work eligible coding, a system-generated code will identify the case as a mandatory two-parent work eligible case.

REFERRALS AND THE SERVICE PROVIDER

All work eligible individuals are referred to the New Mexico Works Service Provider for work program services. The state of New Mexico is serviced by one NMW Service Provider. The provider, selected through a competitive bid process, is SL Start. The Service Provider

The Service Provider refers any individuals requiring childcare assistance to the Children, Youth and Families Department (CYFD).

Work eligible individuals are referred to the Service Provider through one of two processes. In the first process, a report listing all work eligible individuals is batched daily and is available to the Service Provider. In the second process, individuals may be referred to the Service Provider by the FAA.

The FAA enters the family's case information into the state's eligibility system, ISD2, as well as maintaining a hard copy case record.

HSD office procedures require that FAA Supervisors and County Directors review randomly selected case records for accuracy, documentation, and eligibility issues. These procedures are completed at the county office level.



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TRACKING

All individuals engaged in a Work Program activity must provide verification of their attendance in the activity. The main reporting document is the NMW Activity Timesheet and Mileage Report (Attachment E).

The participant reports the date and times of attendance in the activity, and certifies the information by signing the form. Depending on the supervision required for an activity, a work activity site supervisor initials the DWP form. Employed individuals may present check stubs from their place of employment. Additionally, the employed individual may present a letter, on the employer's letterhead, listing the dates of employment and wages. The letter must be signed by the employer, supervisor, or other authorized personnel, and list a contact telephone number for any questions.

The individual may take or mail the attendance documentation to the department or the New Mexico Works Service Provider, depending on which service delivery area the individual lives. Incomplete documentation will not be accepted by HSD or the Service Provider, and will be returned to the individual. The entity receiving the documents ensures the other entity receives copies of the documents.

Individuals are required by state regulation to submitted activity attendance no later than the 5th of the month following the report month. The individual's attendance is entered on the Work Programs Attendance screen (#4 ATTD) of the state's eligibility system, ISD2.

In all five Service Delivery Areas, information on Work Program activities is entered on to the system by Service Provider staff. The data entry is completed at the local Income Support Office, and supervised by ISD staff. NMW Service Provider cannot update the Eligibility screens of ISD2 and have read-only access to the Eligibility screens.

The NMW Service Provider has been provided intensive instruction, and extensive resource material on New Mexico Work's regulations and policies, mainframe system, reports, and key entry. NMW Service Provider staff must be trained in these areas prior to being authorized access to "live screens."

ACF-199

Information for the ACF-199 is comprised of data entered on to ISD2 by the Family Assistance Analyst and documentation provided by the NMW Service Provider. New Mexico submits a sample for the ACF-199 rather than the TANF universe.

Responsibility for completion of the ACF-199 resides at the state office level, currently with the Work and Family Support Bureau, Federal Reports Section. The Federal Reports Section has had primary responsibility for the ACF-199 for over ten years. Three FTE research and review the ACF-199, one Staff Manager, and two Advanced Management Analysts.



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The data extraction program for the ACF-199 is run on the 15th of the month for the previous benefit month. The ACF-199 is submitted quarterly through File Transfer Protocol (FTP) to the National Institute of Health (NIH) remote access system. Data is also entered on the ACF TANF Data Reporting web-based system. Access to either system is requested and approved by ACF, and are user and password protected.

Cases for the ACF-199 are selected from the state’s mainframe system, ISD2, via a random number generation process. The state’s mainframe contractor, Northup-Grumman, generates the report. CYFD provides an interface report on any childcare that may have been issued for those cases selected. All active TANF cash recipients, category 002 in the ISD2, and state program cash assistance cases, are eligible for inclusion in the sample universe.

Sampled cases are stratified to meet the TANF reporting requirements. The selection is processed independently for each stratum within the sample. The strata are:

- Stratum 00: New Approvals
- Stratum 01: All Families
- Stratum 02: Two-Parent Families
- Stratum 03: Closed Cases

An unduplicated paper report, and electronic file are provided to the Federal Reports Section by Northrop Grumman. The electronic files are obtained from the mainframe through a secure system portal. Data from the files is imported to the local TANF Data Reporting System. Each case listed on the ACF-199 has the corresponding information for the data elements specified in TANF regulations.

Three thousand three hundred cases are sampled annually. Of these, 600 are “New Approvals”, and 2,700 are ongoing cases. Of the 2,700 ongoing cases, 1,800 are all families, and 900 are two-parent mandatory households. Overall, the number of two-parent families varies as the two-parent rate is based on those cases in stratum 02 plus any other two-parent case selected in stratum 00 and stratum 01. To ensure that the minimal yearly sample requirements are met, the state employs a ten percent over-sampling methodology.

The monthly selection for the ACF-199 is two hundred seventy-five cases per reporting month. The sample sizes for each stratum is:

- Stratum 00: 50 cases
- Stratum 01: 150 cases
- Stratum 02: 75 cases
- Total: 275 cases

DATA ACCURACY

The information for the ACF-199 is based on data fields from the state’s eligibility system. Prior to submitting the ACF-199, at minimum, two state office staff members review each case on the



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report. There is a preliminary review by an Advanced Management Analyst, followed by a second and final review by the Staff Manager prior to transmission.

Data elements on the report are compared to information on the ISD2 screens for coding accuracy. Examples of some coding errors that have been found are incorrect gender, or the needs of a pregnant woman showing a “Yes”, on the report, but the child has been born. State office staff makes the appropriate changes on the paper report and the local TANF Data Reporting System, and notifies regional and county staff of any data inconsistencies or incorrect coding.

Staff utilizes the fatal and warning edit function in the TANF Data Reporting System to identify coding inconsistencies within the federal reporting system.

The information relating to work participation is also reviewed in depth, and allows staff to identify inappropriate activities, activities past the federal time frames, or incorrect attendance hours based on the start date of the activity. State office staff notifies regional and county staff of these findings.

Based on the information that is entered on ISD2, state office staff is able to identify individuals with incorrect work eligible status. State office staff notifies regional and county staff of these findings.

Months of TANF participation are captured as discrete units on New Mexico’s FAMIS certified eligibility system. The data remains online and available for updates for a minimum of eight months (six months historical, current month and ongoing month). On a case by case basis additional months of data may be requested and made available for a maximum of thirteen months online. All case months are stored on tape back up for all historical months greater than thirteen and are made available upon request.

IV. INTERNAL CONTROLS

The State is required to describe internal controls that ensure a consistent measurement of the work participation rates. The Work Verification Plan should contain a clause confirming that the State will maintain all pertinent findings produced through its internal control processes and that these finding will be available for use by ACF and other auditors in their review of the State’s work participation verification system.

If the State is phasing in procedures or internal controls, describe the phase-in. All procedures were in place by September 30, 2007.

Documentation:

1. Describe the internal controls designed to ensure established work verification procedures are properly being employed. Such controls may include supervisory guidance, policy directives, and staff training plans, as well as quality assurance processes, such as



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monitoring procedures to ensure adherence to procedures by staff, providers and contractors. For example, to ensure the State is identifying all work-eligible individuals, a State may periodically check the disability status of a family member who is temporarily disabled, as the parent caring for the disabled family member would become a work-eligible individual once the family member is no longer disabled.

Central state office staff has developed training packages that detail the changes under the Deficit Reduction Act. These packages specifically addressed individual work eligible determination, and the changes to allowable work activities. This training has been provided to state office, regional, county, and Service Provider staff.

New Mexico will utilize the sampling methodology as described on pages 23 and 24 of this document. Each element in the disaggregate report will be reviewed and compared to data entry into ISD2 and SSA interfaces including SDX to ensure accurate entry of information. For all cases reported as meeting the work requirement central office staff will obtain copies of verifying documentation and keep monthly binders of the verification documents. Central state office staff can review each case for data accuracy prior to submitting the report to HHS.

Data will be reviewed through the information listed on the ACF-199. The error edit flags sent to New Mexico, as a result of the ACF-199 electronic transmission of all work participation rate data elements, will be reviewed and the cause of the edit flags will be identified. All identified edits will be corrected and the data will be resubmitted. Additionally, regional and county office management will be required to do random case reviews to assure consistency and accuracy of the data reported. Central office staff will also conduct case reviews with the Service Provider. All of these reviews should determine what follow-up training is necessary.

2. Describe the internal controls to control for data errors, including transcription and coding errors, data omissions, computational errors, and compilation errors. For example, a State might automatically review the case record of each work-eligible individual whose reported average weekly hours of participation are unusually high (e.g., 70 or more hours per week) by examining the documentation used to support those hours.

New Mexico will utilize the sampling methodology as described on pages 23 and 24 of this document. Each element in the disaggregate report will be reviewed and compared to data entry into ISD2 and SSA interfaces including SDX to ensure accurate entry of information. For all cases reported as meeting the work requirement central office staff will obtain copies of verifying documentation and keep monthly binders of the verification documents. Central state office staff can review each case for data accuracy prior to submitting the report to HHS. In addition field office supervisors are required to review anomalous discrepancies picked up through interfaces with SSA such as BENDEX discrepancies on date of birth, SSN on name discrepancies, as well as State New Hires directory or Incarceration information that is presented on each field office worker's activity screen on a daily basis.

3. Describe the checks used to isolate electronic systems and programming errors and the steps to ensure that all work participation report items are internally consistent. For



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example, a State might obtain the raw data (prior to input into an automated data processing system) for a sample of work-eligible individuals and determine manually the average weekly hours of participation for each work activity for a month and compare that result to what the State actually reported to HHS.

All processes and program changes in the ISD2 system are rigorously tested by our Division of Information Technology team as well as program subject matter experts prior to implementation to prevent inconsistency. If inconsistent or incorrect programming errors are identified, Incident Reports (IR's) are submitted to the ISD2 Help Desk and they are immediately addressed and resolved.

4. Describe any sampling and estimation techniques employed in data validation. The Work Verification Plan should document the soundness of all statistical procedures utilized in the verification process. All estimation techniques must be reasonable and fully described in the plan. For estimates based on sampling or other statistical techniques, the plan must contain, as appropriate, the step-by-step computations of precision, affirming that the produced estimates are within statistically acceptable levels of reliability and validity.

The ACF-199 electronic file remains on the local TANF Reporting System and is not deleted. The corresponding paper report is maintained in a binder and is not destroyed. The various internal reports that the state utilizes for tracking participation rates are stored in a binder, and are not destroyed.

New Mexico will maintain all pertinent findings produced through its internal control processes, and these findings will be available for use by ACF and other auditors in their review of the State's work participation verification system.

New Mexico has directed the Work Program Service Provider with the following directive in the contracted Scope of Work:

The contractor must continuously monitor the services performed whether performed by the service provider or any sub-contractor. At a minimum, monitoring must include:

- Case file accuracy
- Data entry accuracy
- Appropriateness of support service linkages and case management processes
- Accuracy of support services reimbursements
- Fiscal Accounting
- Participant satisfaction
- Effectiveness of Partner Services
- Employer Satisfaction

The ISD Quality Assessment Bureau currently reviews a random selection of 20 active TANF cases per month for data accuracy and validation, once fully staffed will increase the sample to 50 per month.



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ISD field office supervisors (about 95 are currently in ISD field offices) will review about 5 cases attached to Food Stamp cases per month for work program data accuracy.

The Federal Reporting Section will validate all elements in the ACF-199 prior to transmittal to ACF.

V. VERIFICATION OF OTHER DATA USED IN CALCULATING THE WORK PARTICIPATION RATES

Under the “complete and accurate” standard for data reporting, States should validate all data submitted in its TANF Data Report and, if applicable, the SSP-MOE Data Report. In addition to the work activities, the following data elements are used in calculating the work participation rates:

- Reporting Month
- Stratum
- Case Number
- Disposition
- Type of Family for Work Participation
- Amount of SNAP Assistance
- Receives Subsidized Child Care
- Amounts of TANF (and SSP-MOE) Assistance
- Family Affiliation Code
- Non-custodial Parent Indicator
- Date of Birth (Adult)
- Relationship to Head-of-Household
- Parent with Minor Child
- Work-Eligible Individual Indicator
- Date of Birth (Child)

The Work Verification Plan should contain the procedures needed to establish that the State has the capacity to breakout TANF families with a work-eligible individual by the case characteristics that relate to the special rules and conditions of participation, such as receipt of child care, age of child, age of adult or teen parent, number of months under a sanction, adult or teen parent with satisfactory school attendance, and families with a disabled family member (adult or child).

Data Flow from work site through the data system(s) including edit/consistency protocols:

ISD eligibility workers refer any work-eligible recipient to a Works Program Service Provider. The Service Provider receives a hard copy of the referral and reports of daily new approvals from the ISD2 data reporting Dispatch system. The Works Program Service Provider enters demographic and case specific details into a separate data base. Once this is done the contractor sends an appointment letter to the work-eligible recipient.



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Upon attendance, the recipient is assessed and placed in an appropriate work activity and referred to appropriate support the Service Provider. The activity and referral information is entered into the Service Provider's case management tracking system, and hard copy documentation of assessment; placement and referrals are sent to the local ISD field office. ISD field office or contractor personnel enter this data into the ISD2 work screens.

Once an activity begins the work eligible recipient must report attendance in all non-paid activities to the Service Provider via timesheets or directly to the ISD field office. Each timesheet received by the contractor is checked for completeness, accuracy and timeliness by the CDS and entered into the Service Provider's data base. A hard copy of the timesheet is sent to ISD where the local ISD office staff reviews the documentation for completeness, accuracy and timeliness. The data from the documentation is then entered into ISD2 work screens. If the timesheet is received by the local ISD office first, the data integrity check process works the same but the flow is reversed.

If the work-eligible recipient fails to comply with any of these processes, the work contractor sends a notice of non-compliance to the local ISD office. ISD office staff will evaluate for conciliation or sanction and notify the work-eligible recipient and the contractor of the action taken. Data entry capturing these actions is recorded in each of the computer systems.

Periodic meetings between the contractors and local ISD staff are held to reconcile discrepancies in data. New Mexico is currently working with a private contractor to modify the case management tracking systems from multiple data bases to a single web-based application used by all work program contractors statewide. This is being done in order to enhance the ability to compare historical and current work-eligible recipient data to ensure accuracy and reconciliation of data in both the single web-based application and the ISD2 system. New Mexico believes that this system development will ensure a user friendly management tool that is designed to facilitate the entering, monitoring and reporting of relevant, accurate and timely program-specific data.

Documentation:

1. For each of the above data elements, describe the State's data validation procedures to ensure "complete and accurate" data reporting.

All of the data elements listed above go through three reviews. One Management Analyst completes the initial review all of the elements listed on the report, and compares it to what is listed on the mainframe, ISD2, and other interfaces. The second Management Analyst conducts the second review of all the elements on the report and compares it to information on ISD2 and interfaces, makes changes as necessary on the paper report, enters required changes on the local TANF Reporting System as well as comparing the information on the paper report to what is listed on the TANF Reporting System, and runs the Fatal and Warning Edits check. The Staff Manager completes the final review. Any errors that the Staff Manager finds are sent back to the Management Analyst for correction on the report and the TANF Reporting System. These procedures were recommended and employed because of an internal Human Services audit.



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Reporting Month – Data for the ACF-199 is run on the 15th of the month for the prior benefit month. The reporting month will be the month for which the data is run.

Stratum – As noted in the ACF-199 section, New Mexico sample is stratified to meet the TANF reporting requirements. The case selection for each stratum within the sample is processed independently.

Case Number – The Social Security Number of the head of household is tied to a unique internal id on the state’s mainframe. This assures when the information is extracted for the ACF-199 report, data from the selected case is not be attributed to another case.

Disposition – The disposition of a case is reviewed by a state office worker. If a change is necessary, the change is made on the report and the TANF Reporting System.

Type of Family for Work Participation – The type of family for work participation is listed on the paper report is compared to the information regarding the family listed on the mainframe. The worker looks at family composition, any documented disabilities, citizenship, relationship of family members, and makes a decision on whether the type of family listed is correct. This information is also reviewed by the second and third reviewers.

Amount of SNAP Assistance – The amount of Food Stamp assistance listed on the report is compared to amount shown on the Benefit History Screen of ISD2.

Receives Subsidized Child Care – Subsidized childcare is reported through an interface with the Children, Youth and Families Department’ FACTS system. If subsidized childcare was received by the family, the amount of childcare received is listed on the report, along with the appropriate indicator of received childcare. If childcare is not received, the report will show \$0.00 childcare, along with the appropriate indicator.

Amounts of TANF (and SSP-MOE) Assistance - The amount of TANF assistance listed on the report is compared to amount shown on the Benefit History Screen of ISD2.

Family Affiliation Code – The coding shown on the report for family affiliation is reviewed by the state office worker and compared to other information that is listed on the report for inconsistencies, and then compared to the family’s data shown on the mainframe. The county office staff is notified of any possible coding inconsistencies, and asked to review the coding. County office staff notifies state office of any corrections, or if the coding shown is correct.

If the county office reports that coding was changed, the state office worker will document the change on the report and make the appropriate changes on the local TANF Reporting System.

Non-custodial Parent Indicator – The non-custodial parent indicator is defaulted to “No”. In New Mexico, if the second parent is in the household, the parent must be included in the household’s application.



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Date of Birth (Adult) – The adult’s date of birth is entered on the mainframe by the FAA from documents provided at the time of application. The state office worker can catch obvious data entry errors, such as the age of the adult, based on the date of birth listed, making the adult younger than a child in the case. County offices are immediately notified of these errors.

Relationship to Head-of-Household – The relationship to head of the household is shown on the report from data entered on the FACL screen in corresponding “Relationship” field.

The relationship codes listed on the FACL screen are:

- A – Self/Specified Relative
- B – Spouse/Step-Parent
- D – Daughter
- E – Brother
- F – Sister
- G – Granddaughter
- H – Grandson
- I – Grandmother
- J – Grandfather
- L – Niece
- M – Nephew
- N – Other related child
- O – Non-Related Adult
- P – Other Adult
- S – Son
- U – Unrelated child
- W – Other Single Adult

The codes listed on the ACF-199 are reviewed for accuracy and potential miscoding. County office staff is notified of any coding errors.

Parent with Minor Child – The coding shown on the report for a parent with a minor child is reviewed by the state office worker and compared to other information listed on the report for inconsistencies, and the information is compared to data listed on the mainframe. The county office staff is notified of any possible coding inconsistencies, and asked to review the coding. County office staff notifies state office of any corrections, or if the coding shown is correct.

If the county office reports that coding was changed, the state office worker documents the change on the report, and makes the appropriate changes on the TANF Reporting System.

Work-Eligible Individual Indicator – The work eligible indicator will be a “Yes” or a “No” valid value. This is determined by the FAA at the county office level. The state office worker reviews the information on the report, and compares it to the case information shown on ISD2. If the state office worker identifies a potential coding inconsistency, the county office staff is



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notified immediately. County office staff notifies state office of any corrections, or let state office know that the listed code is correct.

Date of Birth (Child) - The child's date of birth is entered on the mainframe by the FAA from documents provided at the time of application. The state office worker can catch obvious data entry errors, such as the age of the child, based on the listed date of birth, making the child older than the parent in the case. County offices are immediately notified of any of these errors.

2. Describe any procedures employed to eliminate data inconsistencies between two or more data elements.

Reviews conducted by state office staff will catch data inconsistencies between two or more data elements. An example of data inconsistencies is the following situation. The state opts to disregard SSI recipients, and consider the case as a child only case. The report shows the head of household has SSI income, but the "Type of Family for Work Participation" data element has the case coded as "Family Included Only In Overall Work Participation Rate"; the "Family Affiliation" data element has the adult coded as "Member Of The Eligible Family Receiving Assistance", and the "Parent with Minor Child" data element is the parental status as "No".

The review would find that since the head of household is receiving SSI, the correct "Type of Family for Work Participation" data element should be "Family Excluded From Both The Overall and Two-Parent Work Participation Rate"; the "Family Affiliation" code should be "Parent of Minor Child in the Eligible Family Receiving Assistance Not in the Eligible Family, but in the Household. The correct "Parent with a Minor Child" coding would be "Yes, A Parent with a Minor Child, But Not Used in the Two-Parent Rate."

Central office will also run the "Fatal Edits" check will to pick up the major coding inconsistencies.

Work Participation Status

1. Describe the State's procedures to ensure that a family is not disregarded from the work participation rate for more than 12 months per lifetime based on being a single custodial parent with a child less than one year of age.

Once a client, after being informed of the option by the case worker, has requested a waiver for caring for a child under the age of one using the NMW Program Requirements, DWP Form 022 (Attachment J), the FAA will check the Record of Sanctions, Conciliations, Term Limits, and Waivers, FAP Form 006 (Attachment K) and ensure that the client has not exhausted the twelve month lifetime limit for this waiver. Once the FAA has reviewed the client's FAP Form 006 and determined that the client is eligible for the waiver, the FAA will enter the appropriate work eligible or waived coding into the ISD2 database. If the waiver is requested and granted, the client is informed of the number of months remaining on the waiver and of the client's responsibility to participate in work after the waiver expires.



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For any case pulled in the sample using the under one waiver, the TANF Reporting Staff will request that the FAA or the NMW Service Provider provide (1) a signed FAP Form 006 indicating that the client has not exceeded the client's 12 month lifetime limit; and (2) the DWP Form 022 which indicates that the client was aware that the client was using its under one waiver. If a waiver has been granted in error, the Reporting Staff will notify the FAA case custodian of the incorrect coding so that changes can be made to the ISD2 database and action is then taken to notify the client and work programs contractor of the upgraded work-status. If the FAA or NMW Service Provider is unable to provide the Reporting Staff with the FAP Form 006 or the DWP Form 022, the Reporting Staff will code the client as work eligible.

2. Describe the State's procedures to ensure that a family is not disregarded from the work participation rate for more than three months in any period of 12 consecutive months based on a work-eligible individual's refusal to participate in work.

Each month that a client receives a sanction for failure to engage in a participation activity, the FAA will code the client in the ISD2 database as sanctioned. The ISD2 database will track each individual month that a sanction was imposed on a client in the historical tracking feature of the data base.

For any case pulled in the sample, TANF reporting staff will review the client's TANF history on a monthly basis. The reporting staff will make the determination if the client has been sanctioned for more than three months within the last twelve months by counting each monthly sanction beginning with the current sample month and going back eleven additional months. Any client with three or fewer months of work sanctions in that time period will be evaluated for participation. If the client has three or fewer months in a work sanction in the last twelve and is not meeting the federal requirement, the case will be disregarded from the participation rate (removed from the numerator and denominator). If the client has three or fewer months in a work sanction in the last twelve months and is meeting the work requirement, the case will remain in the numerator and denominator for the participation rate calculation. Should the client have four or more months of sanctions in the same time period, they will be evaluated for meeting the work requirement and continue to be included in the participation rate.

The Life Time Limits screen (Option 6) will show the benefits received for each month the individual is on TANF, and the amount of the sanction reduction. State office state can determine by the information on these screens if the case is an appropriate sanction disregard.

If an appropriate decision cannot be made from the information, state office contacts the county staff for more information.

3. Describe the State's procedures for ensuring a family, deemed engaged in work based on 20 hours of participation in countable work activities, meets the requirements of a single custodial parent or caretaker relative with a child under age six.

Birthdates of all TANF participants are verified through birth certificates or other articles of documentation and entered into the New Mexico's eligibility system. In order to qualify for the



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reduced requirement of 20 hours participation a single parent must have a child under the age of 6.

The state office workers reviewing the case will look at the relationship codes, ages of the children, Work Program activity, Work Program activity start date, and the attendance hours to ensure that the work participation code listed on the report is correct. If the worker finds an incorrect code, the correct work participation code is entered on the report.

How New Mexico ensures that the requirements for a single custodial parent with a child under 6 are being met:

During the initial client interview with an FAA at a state field office, the FAA will inquire about the client's marital status and the birth dates of the client's children. Before any TANF funds are spent, the client must submit documentation to the FAA supporting the client's marital status and the children's birth dates. To confirm the child's birth date, a birth certificate is required. The FAA will review the birth certificate, document the child's birth year and then enter the documented information into the ISD2 database.

The client then meets with a Works Program Service Provider who will conduct an assessment and create a Work Participation Agreement. The Works Program Service Provider will then be responsible for gathering all the documentation needed to document the participation hours.

TANF reporting staff will review each client case pulled in the monthly TANF sample. Reviewing the ISD2 database, the reporting staff will look at the client's coded marital status as well as the absent parent information for the children in the household. Additionally, if there is another adult in the household and the client is being coded as a single parent, the reporting staff will contact the FAA to get clarification on the identity of the other adult.

Regarding the children, the reporting staff will review the birthdates for the children. Reporting staff will ensure all qualifying children under the age of 6 have been cross matched with the Social Security interface and name and date of birth are confirmed as consistent with SSN assigned. For any child not confirmed as accurate by Social Security interface, the reporting staff will contact the FAA and request that the birth certificate be faxed to the central office. Once the reporting staff is confident that the client is a single parent and that there is a child in the household under the age of 6 years as of the sample month, the client's participation hours will be examined. To ensure that the client is meeting 20 hours of core participation activity, reporting staff will contact the FAA and request that the supporting documentation be faxed to the central office reporting staff. Only work participation hours that have been documented and authenticated will be reported to HHS.



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ATTACHMENTS

Attachment A	NMW Work Participation Agreement	DWP 005
Attachment B	Employee Verification Form	ISD 408
Attachment C	Help Us Make a Decision	ISD 211
Attachment D	Personal Wage Record	ISD 418
Attachment E	Approval Letter for “Mini” Simplified SNAP	
Attachment F	NMW Non-Paid Work Activity Timesheet	DWP 007
Attachment G	NMW Work Experience Training Agreement	DWP 272
Attachment H	Excused Absence Tracking Form	DWP 011
Attachment I	Job Search Cards	DWP 277
Attachment J	Job Search Tracking Form	DWP 012
Attachment K	Community Service Agreement	DWP 273
Attachment L	NMW Program Requirements	DWP 022
Attachment M	Record of Sanctions, et al	FAP 006



NMW Work Participation Agreement - WPA

Participant Name	Social Security/Case Number	Date
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NMW Career Development Specialist (CDS) Name	NMW CDS Phone Number	ISD Geo/Admin Office	TANF Family Type <input type="checkbox"/> One Parent Requirement <input type="checkbox"/> Two-Parent Requirement
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A. My Work Activities and Monthly Hours Modified Limited Volunteer

My Core ☉ Hours	<input style="width: 100%;" type="text"/>	+	My Non Core Hours	<input style="width: 100%;" type="text"/>	=	My Total Monthly Hours	<input style="width: 100%; background-color: #90EE90;" type="text"/>
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FLSA Calculator Highest of Fed/State Hourly
 Cash Assistance \$ _____ + SNAP \$ _____ / Min. Wage \$ _____ = FLSA Limited Monthly Hours _____

Work Activities	Monthly Hours	Start Date	Follow Up Date
<input type="checkbox"/> ☉ Employment			
<input type="checkbox"/> ☉ Employment – Sponsored/Subsidized			
<input type="checkbox"/> ☉ On-the-Job Training (OJT)			
<input type="checkbox"/> ☉ Work Experience – Monthly Hours limited to Fair Labor Standards Act (FLSA)			
<input type="checkbox"/> ☉ Community Service – Monthly Hours limited to Fair Labor Standards Act (FLSA)			
<input type="checkbox"/> ☉ Job Search/Job Readiness – Limited to 120 (240) or 180 (360) hours in a 12 month period.			
<input type="checkbox"/> ☉ Vocational Training/Education – 12 month lifetime limit			
<input type="checkbox"/> ☉ Child Care – For other TANF participant in Community Service			
<input type="checkbox"/> ☉ Secondary Education for Teen Parents			
<input type="checkbox"/> Job Skills Related to Employment			
<input type="checkbox"/> Education Related to Employment			
<input type="checkbox"/> Secondary Education			
<input type="checkbox"/> Other:			
My Total Monthly Work Activity Hours:	<input style="width: 100%;" type="text"/>		

Descriptions – Locations – Notes

B. My Support Services – Ask your Career Development Specialist about more specific services that you need

<input type="checkbox"/> Transportation:	<input type="checkbox"/> \$10 - 1 st 30 day Advance	<input type="checkbox"/> Monthly Round Trip Mileage
<input type="checkbox"/> Child Care:	<input type="checkbox"/> 1 st 30 day	<input type="checkbox"/> Referral
<input type="checkbox"/> Work Related Expenses:	<input type="checkbox"/> Special Clothing	<input type="checkbox"/> Licensing Fees <input type="checkbox"/> Vehicle Related <input type="checkbox"/> Tools
<input type="checkbox"/> Education Related Expenses:	<input type="checkbox"/> Fees	<input type="checkbox"/> Books <input type="checkbox"/> Supplies
<input type="checkbox"/> Other:	<input type="checkbox"/> Referrals	
<input type="checkbox"/> None		

▪ The back side of this form has a more complete list of Support Service Resources ▪

C. I Understand My Agreement – I have read the items below and my signature shows that I understand and agree to the terms of this Agreement

<input type="checkbox"/> I must participate in the work activities listed above <input type="checkbox"/> I know the start date and location for each work activity <input type="checkbox"/> I know how many work activity hours I must complete each month	<input type="checkbox"/> I know that I must report all of my non-paid work activity hours every month <input type="checkbox"/> I learned about support services that will help me do my work activities <input type="checkbox"/> I can lose my cash assistance when I do not complete my work activities
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Participant Signature	Participant Phone Number	NMW CDS Signature
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HSD Worker Printed Name and Signature	Phone Number	HSD <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date: _____	Denial Reason	CDS Response Due
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DWP 005 Revised 9/13/2010

DISTRIBUTION – Copy – HSD Worker Copy – NMW CDS Original- NMW Parent

Supportive Services are listed on the back side of this form

Support Service Resource List – Ask your Career Development Specialist about more specific services that you need	
Support Services	Important Contact Information (not all inclusive)
<input type="checkbox"/> Child Care	1-800-832-1321 – CYFD
<input type="checkbox"/> Domestic Violence Services	1-800-799-7233 – Hotline
<input type="checkbox"/> Substance Abuse Services	1-866-600-7185 – OptumHealth
<input type="checkbox"/> Mental Health Services	1-866-600-7185 – OptumHealth
<input type="checkbox"/> Food Programs	(SNAP) 1-800-432-6217; Commodities - 1-800-648-7167; Nutrition Education 1-877-993-3637
<input type="checkbox"/> Public Housing	Call your local Housing Authority or local Public Housing Agency
<input type="checkbox"/> Tax Credits	1-800-829-1040 – IRS
<input type="checkbox"/> Education Costs	www.studentaid.ed.gov - 1-800-433-3243 or ask your CDS
<input type="checkbox"/> Energy Assistance	1-800-283-4465 – HSD LIHEAP
<input type="checkbox"/> Home Weatherization	1-800-444-6880 – MFA
<input type="checkbox"/> Teen Pregnancy Prevention	www.nmtpc.org – Santa Fe Young Fathers program (505) 428-1412, Albuquerque (505) 254-8737 or Las Cruces (575) 532-1536
<input type="checkbox"/> Parenting and/or Fatherhood	1-877- 993-3637 NMSU Home Economics Department; Teen Pregnancy Prevention (above); and www.nmgrads.org
<input type="checkbox"/> Disability/Rehabilitation Programs	1-800-224-7005 – www.dvrgetsjobs.com
<input type="checkbox"/> Clothing for Work	Ask your CDS about this and other services in your community
<input type="checkbox"/> Transportation	Job Access - 1-866-212-9643; Santa Fe (505) 988-7433; ABQ RIDE – (505) 243-7433 Park & Ride - 866-551-7433; Railrunner - 866-795-7245; Southern NM 1-800-227-7665
<input type="checkbox"/> Auto or Other Transportation Expenses	Ask your CDS about this and other services in your community
NOTES:	

NOTICE OF RIGHTS

	<p>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)</p>
<p>Your Civil Rights</p>	<p>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 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 Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and 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 (800) 368-1019 (voice) and (214) 767-8940 (TDD). (09/2/09)</p>
<p>Your Privacy</p>	<p>The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs. This information will also be used to make sure that you meet program rules and help us to manage the program.</p> <p>This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.</p> <p>If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all social security numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.</p> <p>Providing the requested information, including social security numbers of each household member is voluntary. However, each person applying for assistance must give a social security number or it will result in the denial of program benefits to each individual applicant failing to give a social security number. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information or social security numbers. Any social security numbers given will be used and disclosed in the same manner as social security numbers of eligible household members.</p> <p>We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount. (10/23/2009)</p>



New Mexico Human Services Department INCOME SUPPORT DIVISION EMPLOYMENT VERIFICATION

Business Name and Address

FAX Number	Telephone Number
Case Name	Case Number

In order to determine benefits for the individual listed below, we need employment information verified. Please complete the Employer's section below and return this form by FAX or mail.

RETURN TO:

Worker	Date
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EMPLOYMENT VERIFICATION SECTION – To be completed by the employer:

Employee	Employee's Social Security Number
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■ **TERMINATED EMPLOYMENT** – Please complete this section and PAY HISTORY only if you no longer employ this individual.

Date Employment Ended	Date Final Pay Received	Reason for Termination
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■ **NEW OR CONTINUED EMPLOYMENT** – Please complete this section and PAY HISTORY for new or continuing employment.

Date Employment Began	Date First Pay Received	Regular Hourly Rate of Pay	Overtime Rate of Pay	Other – Commission, Tips, etc.
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<p>EMPLOYEE PAY SCHEDULE: How often is this employee paid?</p> <p> <input type="checkbox"/> Weekly <input type="checkbox"/> Every Other Week <input type="checkbox"/> Twice Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____ </p>	<p>Day of week pay period ends: </p> <p>Day of the week pay is received: </p>
Average number of hours employee works per week:	Average number of overtime hours employee works per week:

Do you anticipate any changes in employment within the next 3 months?
 YES
 NO
If yes, please explain:

Are insurance benefits available? <input type="checkbox"/> YES <input type="checkbox"/> NO	Name of Company: _____
--	---------------------------

■ **PAY HISTORY** - Please list all pay checks issued beginning with:

PAY PERIOD END DATE	PAY DATE	REGULAR HOURS WORKED	OVERTIME HOURS WORKED	TOTAL GROSS PAY	OTHER PAY (Tips, bonuses, etc.)

Name of Person Completing Information	Position	Telephone Number
Signature	Business Name	Date



Help Us Make a Decision

Income Support Division

About Your Benefits

Notice Date:	<input type="checkbox"/> 1 st Notice <input type="checkbox"/> 2 nd Notice	<input type="checkbox"/> Mailed <input type="checkbox"/> Hand Delivered	Case Number:
Application/Report Date:	Application Type: <input type="checkbox"/> New <input type="checkbox"/> Renewal	Report Type: <input type="checkbox"/> Interim Report <input type="checkbox"/> Reported Change	Assistance Programs: <input type="checkbox"/> SNAP/food <input type="checkbox"/> Cash <input type="checkbox"/> Medical <input type="checkbox"/> Energy

Name:

Address:

Address:

Please read this notice carefully. Only the checked boxes apply to you and your household. More information or proof is needed before we can make a decision about your eligibility for help. If you need help, ask your caseworker for help.

- You were approved for **expedited** SNAP/food. To continue to get SNAP/food, give us the proof we need (see section B)
 - You have not completed your interview. Contact or visit the ISD office to complete the interview by: _____
 - The form(s) you turned in is/are incomplete. Complete any blank areas and return the form(s) to ISD by: _____
 - The proof you gave is incomplete or not clear. Please give us new proof (see section B)
- Reasons:
- You did not give all the proof you need. Please give us proof (see section B)

A ▼ Receipt for Proof ▼	B ▼ What You Still Need ▼
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Food- SNAP
Medical
Cash
Energy - LIHEAP

Below is a list of proof that you have already given. Please keep this for your records.

- Due by _____ 10 working days
- For new applications you will have more time:
(from the application date)
- Due by _____ 30 days
- Due by _____ 45 days (Medical Only)
- Due by _____ 60 days, when you ask for up to 3-ten-day extensions

1. You and People who Live with You – Without this proof your benefits will be denied or end. This is to show where you live, Social Security Numbers (SSN), identification (ID), relationship, age, Citizenship, non-citizen status, disability, pregnancy, school attendance, student eligibility and health insurance:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

2. Income and Things You Own – Without this proof your benefits will be denied or end. This is to show the value of things you own called (resources/assets). This is also to show **income from the most recent 30 days or all income from last month, or as listed in section B.**

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

3. Monthly Expenses – Without this proof your benefits may be less. This is to show household out-of-pocket costs that may help you get the most benefits for which you are eligible. For energy assistance/LIHEAP, this is to show who your energy provider is and your account information:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

My signature shows that someone has explained to me and I understand all the proof that I need to give, to get help.

Applicant Signature <input type="checkbox"/> Phone Signature <input type="checkbox"/> Examples of proof provided	Caseworker Name	Office Telephone Number
--	-----------------	-------------------------

Examples of Proof

You do **NOT** have to give us all the items listed below; they are only examples. When you need to give proof, you only need to give one type from the examples below. If your caseworker has unresolved questions about your eligibility, you will be asked to give proof. Your caseworker will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask your caseworker for help.

▪ Where you Live	Utility bill, Rent agreement, letter addressed to you at your address	
▪ Social Security Number	Social Security card or letter from the Social Security Administration (SSA) with your name and number	
▪ Identity	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 relationship to you and knows the child's date of birth.	
▪ Relationship		
▪ Age		
▪ U.S. Citizenship	<p>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.</p> <p>Proof of Citizenship and ID together</p> <ul style="list-style-type: none"> ▪ 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) 	<p>Proof of Citizenship Alone</p> <ul style="list-style-type: none"> ▪ U.S. birth certificate <p>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.</p>
▪ Immigrant Status	If you are an immigrant applying for assistance, you will have to provide original USCIS (formally the INS) records.	
▪ Disability	Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.	
▪ Pregnancy	Medical records that say when your baby is due	
▪ School Attendance	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	<p>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.</p> <p>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.</p>	
▪ 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.	
<p>Optional Proof – Below is a list of optional proof items that may help you can get the most benefits for which you are eligible. To get credit, just tell us what you pay each month. You will only have to give proof if your caseworker has unresolved questions about your costs. If you are applying for energy/LIHEAP, please provide a copy of your heating/cooling cost. If you need help, ask your caseworker for help.</p>		
▪ Childcare/Adult Care	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		
▪ Home Costs		
▪ Heating/Cooling Costs		



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 Civil Rights: Your Civil Rights: 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 or the local Human Services county office. Complaints of discrimination about the SNAP/food program may be filed with the USDA, Director, Office of Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and 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 (800) 368-1019 (voice) and (214) 767-8940 (TDD) 09/2/09



Income Support Division

PERSONAL WAGE RECORD

CASH ASSISTANCE

MAWC

FS

Month/Year:

Work Record for:

Social Security Number

It is YOUR responsibility to keep a record of what you earn.

Comment [1]: Two page document

Please – Keep a record of your employment and/or of your income received from what you sell. Give this form to your Income Support Division worker at your next appointment. You may ask the person, for whom you work or to whom you sell, to fill in the information for you.

Fill in as much information as you can.

Date	Buyer or Person Worked for:	Where City/Town	Items Sold or Work Done	Gross Income Earned	Mileage	Lists of Supplies/ Business Expenses
Signature of Person Reporting Self-Employment Income				Total Hours Worked This Month:	Total Mileage This Month:	Total Supplies/Expenses This Month:

STEPS YOU NEED TO TAKE TO TRACK YOUR SELF-EMPLOYMENT INCOME

STEP ONE:

Write down the item sold, price, whom sold to, and where it was sold on the ISD 418 each time you make a sale. Save receipts each time you make a sale or complete a job.

STEP TWO:

Request and save the receipt for each purchase you make for material/supplies required for you to make the items you sell. Copy of receipts are required in order to allow you the expenses/costs of doing business.

STEP THREE:

Track your sales and purchases by calendar month (complete the self-employment tracking sheet for each month between certifications).

STEP FOUR:

Bring all that you have done since the last certification with you when you come in for the interview. **Please bring the folder that we have provided you at each certification.**

If you have any questions with regard to your self-employment and the tracking of such income or expenses, please contact your worker.



J. Donna

United States
Department of
Agriculture

SEP 13 2006

Food and
Nutrition
Service

SUBJECT: New Mexico's Implementation of a Mini-Simplified Food Stamp Program

3101 Park
Center Drive

TO: Jody Cornwell
Regional Director
Mountain Plains Regional Office

Alexandria, VA
22302-1600

In response to its August 31, 2006, notification that it intends to implement a limited or "Mini" Simplified Food Stamp Program (mini-SFSP), we are approving the New Mexico State agency's request to replace Food Stamp Program (FSP) work rules with Temporary Assistance to Needy Families (TANF) work rules for TANF/FSP households, including households that contain non-TANF food stamp recipients. The State agency can then combine the TANF and food stamp benefits to calculate the maximum number of hours the households may participate in work experience/community service programs under the minimum wage provisions of the Fair Labor Standards Act. This will permit the State agency to deem those households as having satisfied the 20-hour TANF core activity requirement.

Except for the replacement of FSP work requirements with TANF work requirements, all other FSP rules and procedures, including age exemptions and penalties for noncompliance with work activities, remain the same. Those members of a mixed household who receive only food stamps remain subject to FSP work requirements.

Except where expressly prohibited, section 26 of the Food Stamp Act allows a State agency to determine food stamp benefits using the rules and procedures of its TANF program, the FSP, or a combination of both. Since the State agency's request will not increase food stamp benefit costs, it automatically meets the cost neutrality requirements governing the SFSP. Quality Control will review cases subject to this simplified program using the State agency's TANF policy rather than FSP policy as approved in this memorandum.

If you have any questions, please contact Micheal Atwell at 703-305-2449.

Art Foley

Arthur T. Foley
Director
Program Development Division



NMW Non-Paid Work Activity Timesheet - Due 1st of Month

Last	First	Address	City	Zip Code
Social Security Number	Telephone Number	HSD Caseworker Name		
NMW Career Development Specialist Name		Month:	Date Received:	

▼ Activities ▼	Day ▶	Calendar Day 1 - 16															Totals	
	Date ▶	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15		16
Hours▶																		
Hours▶																		
Hours▶																		
Unsupervised Study (1 hr/1 hr class)																		
Holiday																		
Excused Absence (max 16 hrs/month)																		
FOR CDS USE																		
Comments ▶																		
Miles ▶																		

▼ Activities ▼	Day ▶	Calendar Day 17 - 31															Totals	
	Date ▶	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
Hours▶																		
Hours▶																		
Hours▶																		
Unsupervised Study (1 hr/1 hr class)																		
Holiday																		
Excused Absence (max 16 hrs/month)																		
FOR CDS USE																		
Comments ▶																		
Miles ▶																		

Monthly Totals

Total Month Work Activity Hours		Total Monthly Miles		Total Excused Absence Hours	
FLSA Hours Applied <input type="checkbox"/>					

TANF/NMW Participant Signature	Date	Supervisor, Instructor, Tutor, Signature	Date	CDS Signature	Date
--------------------------------	------	--	------	---------------	------

- 1 ► **Instructions:** Under the "Activities" column, enter your Non-Paid Work Activities from your Work Participation Agreement (WPA). Enter the activities in the same order in top and bottom columns.
- 2 ► Start with the first day of the week of your activity and enter the number of hours for each activity on each day. Enter the number of hours for each excused absence and holiday you have used. Use the "comments" space provided to explain any other absences. Enter the daily number of miles you traveled each day.
- 3 ► At the end of each row, in the "Totals" column, add all of your hours separately for (1) each work activity (2) excused absences (3) holidays, (4) unsupervised study, and (5) miles.
- 4 ► Sign the timesheet and get approval signatures from your supervisor. If you are in school, you **must** get signatures from your instructor, tutor or advisor. **This signed, completed, original timesheet must be returned to the NMW office by the 1st of the month so that you can get credit for meeting your work activity goals for the month.** The ISD office will put \$\$ in your EBT account for the miles that you traveled.
- 5 ► HSD will record the "Monthly Totals", "Total Month Work Activity Hours", "Total Monthly Miles", "Total Excused Absence Hours."

Activities List - Please refer to your Work Participation Agreement (WPA)
--

1. Work Experience ☉

WE = Work Experience

2. Community Service ☉

CS = Community Services

3. Job Search/Job Readiness ☉ (Attach Completed Cards)

IS = Individual Job Search

GS = Group Job Search

LS = Life Skills Training

MM = Money Management

PC = Parenting Classes

TP = Treatment Program (Alcohol/Drug)

DM = Domestic Violence Services

GE = GED Under age 20

AB = Adult Basic Education

EL = English as a Second Language

LI - Literacy Training

4. Vocational Training/Education ☉

VT = Vocational Training

5. Child Care for other TANF Participant in Community Service ☉

CP = Childcare Provider for other TANF

6. Education Related to Employment

KT = Skills Training

7. Education Related to Employment

GE = GED Under age 20

AB = Adult Basic Education

EL = English as a Second Language

LI = Literacy Training

KE = Skills Education

VT = Vocational Training

8. Secondary Education

GE = GED Under age 20

AB = Adult Basic Education

EL = English as a Second Language

LI = Literacy Training

9. Teen Parents - Secondary Education ☉

GD = GED age 20 and older

HS = High School

10. EX = Excused Absences - Limit 16 hours per month and 80 per year

11. H = State Holiday (10 per year)

☉ = Core Activity

Convert Minutes to Hours	
0 - 15 minutes	0.25 hours
16 - 30 minutes.....	0.50 hours
31- 45 minutes	0.75 hours
46 - 59 minutes	1.0 hours

Monthly Miles	
1 to 499.....	\$ 25
500 to 1,499	\$ 50
1,500 to 2,499.....	\$ 100
2,500 or more.....	\$ 150

Approved Holidays		
New Year's Day	Independence Day	Labor Day
MLK, Jr Day	Christmas Day	Columbus Day
President's Day	Thanksgiving Day	
Memorial Day	Veteran's Day	

**NEW MEXICO WORK PROGRAMS
WORK EXPERIENCE TRAINING AGREEMENT**

This Agreement is between the
Human Services Department's New Mexico Works Programs
and the Sponsoring Work Site Agency listed below:

Sponsoring Work Site Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Geo	Admin	Participant Name	Social Security Number
Start Date	Anticipated Completion Date	Position Title	Assigned Hours Per Week

PURPOSE:

The purpose of this Agreement is to assure cooperation between New Mexico Works Programs (NMW) and the above-mentioned Sponsoring Work Site Agency in providing work training and job experience to a Participant in order to increase the Participant's employability. The training is intended to provide Participants who are not job ready with work training, and an opportunity for additional training/experience in a work environment in order to increase employability.

NMW (or Designee) Shall:

1. Make appropriate referrals to the Sponsoring Work Site Agency based on the Participant's training plan and individual needs.
2. Provide the necessary support services and monitor the Participant's progress towards his/her employment goals.
3. Inform the Participant about the regulations of the NMW that govern the participation in the Work Experience activity, including the regulation that the Participant cannot be paid while in the Work Experience activity.
4. Thoroughly discuss and review all aspects of confidentiality with the Participant.
5. Ensure that all Participants in a training activity will be provided with accidental medical insurance (for medical costs not covered by any other medical insurance including Medicaid) while a Participant is with the Sponsoring Work Site Agency. The accidental medical insurance coverage includes accidental death and dismemberment.
6. Not assign a Participant to a training site if it would result in the partial or full displacement of an already employed worker, a worker on lay-off status, or infringe on the promotional opportunities of a worker.
7. Upon notification by the Sponsoring Work Site Agency and verification by NMW, end the work placement when the conduct of a Participant becomes dangerous or disruptive or the Participant consistently violates the Work Site Agency's rules and regulations.

The SPONSORING WORK SITE AGENCY Shall:

1. Provide participant with an opportunity to acquire the general skills, knowledge and work habits necessary to obtain employment.
2. Assure that the Participant is not paid.
3. Provide supervision.
4. Provide a safe and healthy work environment.
5. Comply with all applicable Federal and State rules and regulations.
6. Submit a progress report and monthly attendance reports to the NMW, or its designee.
7. Consider hiring the Participant assigned to the sponsoring work site agency.
8. Provide general liability insurance.
9. Protect the Participant from any direct or indirect discrimination on the basis of race, ethnicity, sex, age, handicap, political affiliation, or religious affiliation.
10. Inform NMW when the conduct of a Participant becomes dangerous or disruptive or the Participant consistently violates the Sponsoring Work Site Agency's rules and regulations.

Signature by Authorized Representative of the
NMW or Designee

Printed Name and Title

Date

Signature by Authorized Representative of the
Sponsoring Work Site Agency

Printed Name and Title

Date



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)

Civil Rights

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 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 Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and 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 (800) 368-1019 (voice) and (214) 767-8940 (TDD). (09/2/09)

Your Privacy

The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs. This information will also be used to make sure that you meet program rules and help us to manage the program.

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.

If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all social security numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

Providing the requested information, including social security numbers of each household member is voluntary. However, each person applying for assistance must give a social security number or it will result in the denial of program benefits to each individual applicant failing to give a social security number. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information or social security numbers. Any social security numbers given will be used and disclosed in the same manner as social security numbers of eligible household members.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount. (10/23/2009)

Participant's Name: _____	Supervisor(s) Name(s) and Title _____
------------------------------	--

TRAINING DESCRIPTION

Position Description	
Training Objectives/Skills	
<p>The training period begins the ____ day of _____, ____ and will remain in effect until the ____ day of _____, _____ or is terminated by the Sponsoring Work Site Agency and/or the NMW, or its Designee.</p>	
Signature of SERVICE PROVIDER	Date
Signature of SPONSORING AGENCY WORK SITE SUPERVISOR	Date
Signature of PARTICIPANT	Date

CONFIDENTIALITY AGREEMENT

I may learn confidential information while training. I will not discuss this information outside of the work site. If I break the confidentiality rule, my Work Experience activity placement will end and I may face civil or criminal penalties.

I agree to keep confidential any information I learn while participating in the Work Experience activity.

Participant Date

This Agreement has been reviewed with the Participant and becomes effective on the ____ day of _____, _____.

Service Provider Date

Accidental Death or Dismemberment Beneficiary Designation Form

Please complete this form and return it to HSD Income Support Division.

Maintain a copy for your records.

Please PRINT

State of New Mexico
Policyholder Name

Insured Person's Last Name First Name and Initial Date of Birth

Insured Person's Street Address

Insured Person's City State Zip Code Social Security #

Primary Beneficiary ~ If the benefit is to be paid to more than one person, please indicate the percentage each primary beneficiary should receive. If percentage shares are not given, they will be equally divided. Total percentage for all primary beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Contingent Beneficiary ~ The contingent beneficiary(ies) will only receive benefits if all named primary beneficiaries predecease the Insured Person. If the benefit is to be paid to more than one contingent beneficiary, please indicate the percentage each contingent beneficiary should receive. If percentage shares are not given, they will be equally divided. Total percentage for all contingent beneficiaries must equal 100%.

Name	Date of Birth	Social Security #	Relationship	% Share
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Insured Person's Signature Date Signed

Excused Absence Tracking Form

Participant Name: _____
 SSN: _____

80	Hours/12 Months
16	Hours/Month

YEAR: 2012

Month	Week	Time Used	Time Remaining
January	1		80
	2		80
	3		80
	4		80
	5		80
January Total		0	

Month	Week	Time Used	Time Remaining
July	1		80
	2		80
	3		80
	4		80
	5		80
July Total		0	

Month	Week	Time Used	Time Remaining
February	1		80
	2		80
	3		80
	4		80
	5		80
February Total		0	

Month	Week	Time Used	Time Remaining
August	1		80
	2		80
	3		80
	4		80
	5		80
August Total		0	

Month	Week	Time Used	Time Remaining
March	1		80
	2		80
	3		80
	4		80
	5		80
March Total		0	

Month	Week	Time Used	Time Remaining
September	1		80
	2		80
	3		80
	4		80
	5		80
September Total		0	

Month	Week	Time Used	Time Remaining
April	1		80
	2		80
	3		80
	4		80
	5		80
April Total		0	

Month	Week	Time Used	Time Remaining
October	1		80
	2		80
	3		80
	4		80
	5		80
October Total		0	

Month	Week	Time Used	Time Remaining
May	1		80
	2		80
	3		80
	4		80
	5		80
May Total		0	

Month	Week	Time Used	Time Remaining
November	1		80
	2		80
	3		80
	4		80
	5		80
November Total		0	

Month	Week	Time Used	Time Remaining
June	1		80
	2		80
	3		80
	4		80
	5		80
June Total		0	

Month	Week	Time Used	Time Remaining
December	1		80
	2		80
	3		80
	4		80
	5		80
December Total		0	

CDS Signature _____ Date _____



INCOME SUPPORT DIVISION

WORK PROGRAMS JOB SEARCH CARD

Turn in this Job Search Card to ask for a reimbursement

Name – Last	First	M	Social Security Number	County	Return Completed Card No Later Than
-------------	-------	---	------------------------	--------	-------------------------------------

ISD Representative	Telephone Number	<input type="checkbox"/> Food Stamp E&T Program <input type="checkbox"/> Cash Assistance Work Program
--------------------	------------------	--

Date of Application	Name of Company or Employer	Name of Person in Charge of Hiring	Company or Employer Telephone Number	Check if Interview Obtained	Check if Job Obtained	Miles Traveled Per Job Application Submitted

If hired please list: Employer’s name, start date, hourly wage, and hours scheduled to work each week. ▼	Total Mileage: ▼
--	------------------

I certify applications were filed with the employers listed above. I understand these employers may be called to verify the status of the application. I certify the mileage claimed is correct.

Participant Signature	Date			
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; height: 20px;"> </td> <td style="width:33%; height: 20px;"> </td> <td style="width:33%; height: 20px;"> </td> </tr> </table>			

**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)

<p>Your Civil Rights</p>	<p>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 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 Civil Rights Room 326 W, Whitten Bldg., 1400 Independence Ave, S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and 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 (800) 368-1019 (voice) and (214) 767-8940 (TDD). (09/2/09)</p>
<p>Responsibility to Report</p>	<p>The information I give during the application process is used to determine eligibility. It is my responsibility to report only changes that would result in a loss of eligibility. This includes increase in income above the program limits, persons living with me, moving out of state, and in some cases other health insurance.</p>
<p>Your Privacy</p>	<p>The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs. This information will also be used to make sure that you meet program rules and help us to manage the program.</p> <p>This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.</p> <p>If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all social security numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.</p> <p>Providing the requested information, including social security numbers of each household member is voluntary. However, each person applying for assistance must give a social security number or it will result in the denial of program benefits to each individual applicant failing to give a social security number. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information or social security numbers. Any social security numbers given will be used and disclosed in the same manner as social security numbers of eligible household members.</p> <p>We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount. (10/23/2009)</p>
<p>Fair Hearing Rights</p>	<p>If you do not agree with a decision made on any matter concerning your household's participation in any program through HSD, you and/or your representative, may ask for a fair hearing. A fair hearing may be requested either orally or in writing, within 90 days of the date a notice of a decision on your case was mailed. You will have the right to examine, prior to the hearing, your case file, and any documents used in the determination of the appealed action. Yourself, another household member, or a person you have asked to represent your household, such as a friend or relative, may present your case. You have the right to have legal counsel represent your household at the hearing.</p>
<p>If You Need More Information</p>	<p>Call 1-800-432-6217 or visit the Human Services Department's website at: http://www.state.nm.us/hsd/isd.html Human Services Department is an equal opportunity provider.</p>

JOB SEARCH/JOB READINESS TRACKING FORM

Participant Name: _____
 SSN: _____

240	240 or 360 Hours/12 Mos.
20	Not to exceed 20/30 hrs/wk

Year: 2012

Month	Week	Time Used	Time Remaining
January	1		240
	2		240
	3		240
	4		240
	5		240
January Total		0	

Month	Week	Time Used	Time Remaining
July	1		240
	2		240
	3		240
	4		240
	5		240
July Total		0	

Month	Week	Time Used	Time Remaining
February	1		240
	2		240
	3		240
	4		240
	5		240
February Total		0	

Month	Week	Time Used	Time Remaining
August	1		240
	2		240
	3		240
	4		240
	5		240
August Total		0	

Month	Week	Time Used	Time Remaining
March	1		240
	2		240
	3		240
	4		240
	5		240
March Total		0	

Month	Week	Time Used	Time Remaining
September	1		240
	2		240
	3		240
	4		240
	5		240
September Total		0	

Month	Week	Time Used	Time Remaining
April	1		240
	2		240
	3		240
	4		240
	5		240
April Total		0	

Month	Week	Time Used	Time Remaining
October	1		240
	2		240
	3		240
	4		240
	5		240
October Total		0	

Month	Week	Time Used	Time Remaining
May	1		240
	2		240
	3		240
	4		240
	5		240
May Total		0	

Month	Week	Time Used	Time Remaining
November	1		240
	2		240
	3		240
	4		240
	5		240
November Total		0	

Month	Week	Time Used	Time Remaining
June	1		240
	2		240
	3		240
	4		240
	5		240
June Total		0	

Month	Week	Time Used	Time Remaining
December	1		240
	2		240
	3		240
	4		240
	5		240
December Total		0	

CDS Signature _____ Date _____



NEW MEXICO WORKS PROGRAM COMMUNITY SERVICE AGREEMENT

This Agreement is between the Human Services Department's
New Mexico Works (NMW) Program and the Agency listed below:

Sponsoring Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Geo	Admin	Participant Name	Social Security Number
Start Date	End Date	Position Title	Assigned Hours Per Month
NMW Contact Name		NMW Contact Phone #	Sponsoring Agency Supervisor Name

PURPOSE:

The purpose of this Agreement is to ensure cooperation between the New Mexico Works (NMW) Program and the above-mentioned Sponsoring Agency while the TANF participant is assigned Community Service as a non-paid work activity.

NMW (or Designee) Shall:

1. Make appropriate referrals to the Sponsoring Agency based on individual needs.
2. Provide the necessary support services and monitor the Participant's progress.
3. Inform the Participant about the regulations of NMW that govern the participation in the Community Service activity, including the regulation that the number of required hours will be governed by the Fair Labor Standards Act.
4. Thoroughly discuss and review all aspects of confidentiality with the Participant.
5. Upon notification by the Sponsoring Agency and verification by NMW, end the placement when the conduct of a Participant becomes dangerous or disruptive or the Participant consistently violates the Agency's rules and regulations.

The SPONSORING AGENCY Shall:

1. Provide Participant with an opportunity to provide a service to the community.
2. Ensure that the Participant will perform activities similar to those of a volunteer, rather than activities performed by an employee.
3. Provide daily supervision and notify NMW within 48 hours if the Participant fails to complete scheduled hours.
4. Submit monthly attendance reports to NMW, or its designee.
5. Comply with all applicable Federal and State rules and regulations.
6. Provide a safe and healthy environment.
7. Provide general liability insurance.
8. Protect the Participant from any direct or indirect discrimination on the basis of race, ethnicity, sex, age, handicap, political affiliation, or religious affiliation.
9. Inform NMW when the conduct of a Participant becomes dangerous or disruptive or the Participant consistently violates the Sponsoring Agency's rules and regulations.

DESCRIPTION OF COMMUNITY SERVICE DUTIES TO BE PROVIDED BY PARTICIPANT:

Signature of NMW SERVICE PROVIDER:	Date
Signature of SPONSORING AGENCY SUPERVISOR:	Date
Signature of PARTICIPANT:	Date

CONFIDENTIALITY AGREEMENT

I may learn confidential information while at the placement site. I will not discuss this information outside of the placement site. If I break the confidentiality rule my Community Service activity placement will end, and I may face civil or criminal penalties.

I agree to keep confidential any information I learn while participating in the Community Service activity.

Participant Signature _____	Date _____
NMW Service Provider Signature _____	Date _____



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)

Civil Rights

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 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)

The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs. This information will also be used to make sure that you meet program rules and help us to manage the program.

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.

Your Privacy

If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all social security numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

Providing the requested information, including social security numbers of each household member is voluntary. However, each person applying for assistance must give a social security number or it will result in the denial of program benefits to each individual applicant failing to give a social security number. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information or social security numbers. Any social security numbers given will be used and disclosed in the same manner as social security numbers of eligible household members.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount. (10/23/2009)



INCOME SUPPORT DIVISION

New Mexico Works Program Requirements

Geo/Admin

Participant Name		Social Security/Case Number	Participant Phone Number
HSD Worker Name	HSD Phone Number	<input type="checkbox"/> TANF <input type="checkbox"/> One Parent <input type="checkbox"/> Two-Parent	Date

The New Mexico Works (NMW) Program: With few exceptions, adults receiving cash assistance must work or participate in approved work activities. This is called the New Mexico Works (NMW) program.

A. DO I HAVE TO WORK?

When you are work ready, working is best for you and your family. However, you may also participate in other approved Work Activities:

- Employment
- Community Service
- Job Skills for Employment
- Sponsored Employment
- Job Search/Readiness
- Education for Employment
- On-the-Job-Training
- Vocational Training/Education
- Child Care for other TANF Participants in Community Services
- Work Experience
- Job Training for Work

No more than 12 months of vocational training, a limited number of hours of job search/job readiness, and no more than four weeks in a row of job search/readiness may count. **Remember with few exceptions, you can only receive NMW cash assistance for up to 60 months in your lifetime**

B. HOW MANY WORK ACTIVITY HOURS MUST I COMPLETE EACH WEEK?

One Parent Families	Monthly Hours	Two Parent Families	Monthly Hours
▪ Parent with a Child Age 5 or Younger.....	86	▪ Parents Receiving Childcare Assistance	237
▪ Parent with a Child Age 6 or Older	129	▪ Parents not Receiving Childcare	151
		▪ One Parent is disabled, not receiving SSI	129

Note: Teen parents = school or other approved activity

C. HOW SOON MUST I BEGIN MY WORK ACTIVITIES?

The Human Services Department is **referring you to a NMW Program Service Provider**. Providers are often located in the Income Support Division office. No later than 15 days after approval of your cash assistance application, a case manager called a Career Development Specialist (CDS) will meet with you to help you plan and start your required work activities.

You will develop your Career/Work Goals using an Individual Responsibility Plan (IRP). You will develop your Work Activities using the Work Participation Agreement (WPA). Your CDS will also link you to support services to help you meet your goals. Often, your CDS will follow-up with you to help you meet your goals and monthly work activities.

You must contact the NMW Program to schedule an appointment. Your WPA will have the start date for your Work Activities.

NMW Service Provider Name and Address	Phone Number	Write Your NMW Appointment Date Here
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D. MAY I ADJUST THE NUMBER OF HOURS TO BE COMPLETED IN WORK ACTIVITIES?

When you meet any of the following situations, your hours of participation may be reduced only after HSD reviews and approves your request for reduced participation hours.

- * Single Parent Caring for a Child under 12 Months Old
- * Age 60 or Older
- * Pregnant in Third Trimester
- * Single Parent caring for a Child under 6 years old (no childcare)
- * Temporary Personal Situations – Up to 30 days
- Disabled
- Caring for a Disabled Household Member
- Domestic Violence (Family Violence Option)

Check this Box if you want to request reduced hours in the NMW Program. Reason: _____

*Approved by HSD Pending HSD Decision Not Eligible HSD Signature Reduced Hours Expiration Date:

E. WHAT HAPPENS IF I DON'T PARTICIPATE IN MY WORK ACTIVITIES?

When you have not met your work activity requirements, you can lose some and eventually all of your cash assistance. This is called a sanction. The first time, we will want to talk with you to try and correct the sanction before it happens. This is called conciliation. A sanction will reduce your benefits in the following ways:

- **First Sanction = 25% Cash Reduction**
- **Second Sanction = 50% Cash Reduction**
- **Third Sanction = Case Closure**

F. I UNDERSTAND - HSD has explained and I have read the items below. My signature shows that I understand and agree to the terms of NMW.

<input type="checkbox"/> I must participate in the NMW program <input type="checkbox"/> I know I must have an assessment, IRP and WPA within 15 days <input type="checkbox"/> I know how to contact the NMW service provider	<input type="checkbox"/> I know how many work activity hours I may have to complete each month <input type="checkbox"/> I learned about support services that will help me do my work activities <input type="checkbox"/> I can lose all or some of my cash assistance when I do not comply with NMW
Participant Signature	HSD Worker Signature: I have read and explained the program requirements and information, above to the Applicant/Recipient. <input type="checkbox"/> In Person <input type="checkbox"/> Via Telephone

G. WHAT KINDS OF SUPPORT SERVICES CAN I RECEIVE?

- Transportation
- Childcare
- Some Work Expenses
- Some Education Expenses

You may also get help to strengthen your family through services that address domestic violence, behavioral health and substance abuse.

SUPPORT SERVICES RESOURCE LIST - Ask your Career Development Specialist about more specific services that you need

Support Services	Important Contact Information (not all inclusive)
<input type="checkbox"/> Child Care	1-800-832-1321 – CYFD
<input type="checkbox"/> Domestic Violence Services	1-800-799-7233 – Hotline
<input type="checkbox"/> Substance Abuse Services	1-866-660-7185 – OptumHealth
<input type="checkbox"/> Mental Health Services	1-866-660-7185 – OptumHealth
<input type="checkbox"/> Food Programs	SNAP 1-800-432-6217; Commodities - 1-800-648-7167; Nutrition Education 1-877-993-3637
<input type="checkbox"/> Public Housing	Call your local Housing Authority or local Public Housing Agency
<input type="checkbox"/> Tax Credits	1-800-829-1040 – IRS
<input type="checkbox"/> Education Costs	www.studentaid.ed.gov - 1-800-433-3243 or ask your CDS
<input type="checkbox"/> Energy Assistance	1-800-283-4465 – HSD LIHEAP
<input type="checkbox"/> Home Weatherization	1-800-444-6880 – MFA
<input type="checkbox"/> Teen Pregnancy Prevention	www.nmtpc.org – Santa Fe Young Fathers program (505) 428-1412, Albuquerque (505) 254-8737 or Las Cruces (575) 532-1536
<input type="checkbox"/> Parenting and/or Fatherhood	1-877- 993-3637 NMSU Home Economics Department; Teen Pregnancy Prevention (above); and www.nmgrads.org
<input type="checkbox"/> Disability/Rehabilitation Programs	1-800-224-7005 – www.dvrgetsjobs.com
<input type="checkbox"/> Clothing for Work	Ask your CDS about this and other services in your community
<input type="checkbox"/> Transportation	Job Access - 1-866-212-9643; Santa Fe (505) 988-RIDE; ABQ RIDE (505) 243-7433 Park & Ride - 866-551-7433; Railrunner - 866-795-7245; Southern NM 1-800-227-7665
<input type="checkbox"/> Auto or Other Transportation Expenses	Ask your CDS about this and other services in your community

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Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the Supplemental Nutrition Assistance Program (SNAP) may be filed with the USDA, Director, Office of Civil Rights, 1400 Independence Ave. SW, Washington, DC 20250-9410 or call 1-800-795-3272 or 202-720-6382 (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) or 214-767-8940 (TDD). (09/02/09)

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New Mexico Works
**RECORD OF PERMANENT SANCTIONS, CONCILIATIONS,
 TERM LIMITS AND WAIVERS**

Individual Name	Social Security Number
-----------------	------------------------

OUT-OF-STATE TANF BENEFITS: Received Since July, 1997.

State	Dates	Thru	# of Months

TERM LIMITS WAIVER: Indicate below each month the individual is waived from Term Limit as they were considered disabled by IRU, subjected to being battered or extreme cruelty, over age 60, or residing in Indian country where at least 50% of adults are not working. These months are not considered in determining the term limit.

SANCTIONS

Beginning Month	Sanction Level	Reason/Type

CONCILIATION:

Work Programs	Date Letter Sent:				
Individual Responsibility Plan	Date Letter Sent:				
Cooperation with CSED	Date Letter Sent:				
Non-Reporting	Date Letter Sent:				
School Attendance	Child Name:				
	Date Letter Sent:				

WORK PROGRAM WAIVER FOR CHILD UNDER AGE 1: List each month the exemption has been granted.

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EDUCATION WORKS PROGRAM: List each month in which the individual was participating in Education Works. Months participating in Education Works do not count toward the 60 month limit

VOCATIONAL TRAINING: List each month in which the individual used Vocational Training as a Primary Work Activity.

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DIVERSION PAYMENT:

Date Issued:	Reason:
Date Issued:	Reason:

SUPPORT SERVICES (\$300 Payment)

Date Issued:	Reason:

NOTE: One form should be in the case file for each adult member.