
Interim Policy and Procedure Memorandum

ISD-IPP 13-02

TO: ISD Employees
FROM: Ted Roth, Director, Income Support Division
RE: Wage Subsidy
DATE: April 2, 2013
CC: ISD Employees

This IPP serves to:

- Rescind ISD IPP 10-14
- Provide additional guidance for the Wage Subsidy process specific to placements with the Human Services Department (HSD)
- Revise the “*Wage Subsidy Agreement*” form ISD 271
- Provide a training document to be completed by all eligibility staff

1. This IPP supersedes all previous IPPs, GIs, and all other memoranda, directives, organizational charts, procedures, and policies published by the Income Support Division dealing with the subject of Wage Subsidy. This includes ISD GI 07-29, issued April 11, 2007; ISD GI-08-10 issued March 4, 2008, and ISD-IPP 10-14 issued October 8, 2010.

2. The following outlines the procedure and responsibilities with respect to a client being referred and enrolled in the Wage Subsidy program:

NMW Service Provider

- Maintains a list of Wage Subsidy candidates.
- Submits candidate resume with copies of the HSD Job Interest Form and verification of education to the Income Support Division (ISD), Work and Family Support Bureau (WFSB) at ISD Central Office in Santa Fe.
- Ensures referred candidates meet the following criteria:
 - ✓ Have sufficient work experience
 - ✓ Be a registered participant in NMW
 - ✓ Be in “good standing” with HSD (broad definition of “good standing,” could include people who have claims or have been in sanction, if they’re appropriate candidates)
 - ✓ Have citizenship documentation and a social security number
 - ✓ Verification of highest educational level attained
- Provides a one-day work readiness session for all candidates.
- Assists candidates in submitting employment applications for unsubsidized employment prior

to the expiration of the 12 month Wage Subsidy period.

- Provides case management to Wage Subsidy participant to include monitoring job performance to ensure job retention.
- Promotes permanent employment of the Wage Subsidy participant during and at the completion of the program.
- Ensures candidate and employer properly complete the ISD 271 Wage Subsidy Agreement form, maintains a copy in the NMW client file, and forwards a copy to WFSB.
- Reviews check stubs to make sure there are no deductions for medical insurance or PERA (see attached examples).

ISD Work & Family Support Services Bureau (WFSB)

- Reviews candidate documents submitted by NMW Service Provider and approves candidate for referral to employer.
- Validates that the Wage Subsidy candidate meets the eligibility and position requirements for Wage Subsidy.
- If candidate is rejected, notifies NMW Service Provider with reason for rejection.
- Provides the HSD employer the attached documents on candidates approved for a Wage Subsidy position (attached to this IPP):
 - ✓ Authorization for candidate to be interviewed for a position(s) (*Wage Subsidy Review Checklist*)
 - ✓ Copies of the candidate's Job Interest Form, resume and verification of education attained
- Upon receipt of Wage Subsidy start date from OHR, notifies NMW Service Provider, schedules and conducts orientation with Wage Subsidy case manager, supervisor and CD. Orientation includes responsibilities of the Wage Subsidy program.
- Monitors Wage Subsidy participant's LWOP to ensure such leave does not exceed allowable limit: 16 hours of excused absences/month or 80 hours cumulative.
- Contacts NMW Service Provider one month before expiration of term to ensure job development is being undertaken to transition Wage Subsidy participant to unsubsidized employment.
- Notifies the NMW Service Provider when a Wage Subsidy participant is in non-compliance or voluntarily quits.
- Refers Wage Subsidy Program policy questions to the Policy and Program Development Bureau.

Supervising Employment Site:

- Interviews approved candidates referred for Wage Subsidy by WFSB.
- Determines the appropriate title of the position to be filled by Wage Subsidy.
- Submits a completed new hire packet three weeks in advance of the anticipated start date to the ISD Office of Human Resources (OHR).
- Submits termination documents one week in advance of completion of Wage Subsidy term to the ISD Personnel Section.
- Ensures Wage Subsidy has all necessary system access.
- Ensures participants do not work more than 40 hours per week.
- Ensure the Wage Subsidy is paid the wage determined by OHR for the position offered.
- Ensures that the subsidized employment does not impair an existing contract or collective bargaining agreement.
- Ensures that the subsidized employment does not displace currently employed persons or fills positions that are vacant due to a layoff.

- Maintains health, safety and work conditions at or above levels generally acceptable in the industry and not less than those of comparable jobs offered by the employer.
- Monitors that Wage Subsidy has completed all required trainings on Blackboard:
 - ITD Security Guidelines
 - HIPAA Privacy and Security
 - IRS Disclosure Awareness
 - Civil Rights
 - Substance Abuse
 - Domestic Violence
- Provides on-the-job training necessary for subsidized participants to perform their duties.
- Signs the Wage Subsidy Agreement (ISD 271) for each placement identifying the contact information, agreement to abide by all requirements of the Wage Subsidy program, and the beginning and ending dates of the Wage Subsidy period.
- Completes quarterly evaluations of Wage Subsidy participant and submits evaluation to Wage Subsidy participant, CDS, and WFSB.
- Provides other benefits (includes but is not limited to, health care coverage, unless Medicaid coverage is in place, paid sick leave, holiday and vacation pay) equal to those for new employees, or as required by state and federal law, whichever is greater.
- Provides the WFSB with notification of any absences beyond the maximum allowed. (Wage Subsidy participant who exceeds the accumulated annual and sick leave plus 16 hours of excused absences in a month or 80 cumulative hours over the course of the Wage Subsidy term is subject to termination.)
- Requests termination of any Wage Subsidy participant who exceeds allowable leave or does not meet performance requirements (Termination for cause will be initiated and processed by OHR).
- Notifies the WFSB when a Wage Subsidy participant is in non-compliance or voluntarily quits.
- Initiates the paperwork (to include: Personnel Action Request Form 501 and the attached Notice of Termination Letter) to terminate the Wage Subsidy participant upon conclusion of term or departure other than for non-compliance of Wage Subsidy requirements, and forwards to the Wage Subsidy participant, Employee Administration Section and WFSB.

ISD Employee Administration Section (EAS)

- Receives requests from any HSD Division, Bureau or County Office for a Wage Subsidy placement.
- Verifies with the ISD Director's office that a Wage Subsidy slot can be filled.
- Upon approval from the ISD Director's office, EAS notifies WFSB to initiate recruitment for the position. Upon selection of a Wage Subsidy candidate, the requesting office submits a completed hire packet to the EAS for processing.
- EAS routes the completed hire packet to the ISD Director's office, Administrative Services Budget Office and HSD OHR for processing through the Department of Finance and Administration (DFA) and New Mexico State Personnel Office (SPO).

HSD Office of Human Resources (OHR)

- Ensures that a recommended Wage Subsidy candidate qualifies for an Office Clerk/B or Office Clerk/O position.
- Determines effective date of hire.
- Notifies the ISD EAS, WFSB and the employer of the effective date of hire.
- Upon receipt of the Personnel Action Request Form 501, enrolls the Wage Subsidy

participant on Blackboard and monitors that Wage Subsidy has completed all required trainings to include:

- ITD Security Guidelines
 - HIPAA Privacy and Security
 - IRS Disclosure Awareness
 - Civil Rights
 - Substance Abuse
 - Domestic Violence
- Upon notification of non-compliance of Wage Subsidy participant in term position, will initiate letter of termination to participant with copies to WFSB and Employer.

ISD Field Office

- Requests a Wage Subsidy position, through the Regional Office Manager (ROM) and the ISD Deputy Director for Field Operations. Wage Subsidy positions are allocated through the ISD Deputy Directors. Any waiting list will be coordinated through the ISD Deputy Directors and Central Office staff. No hiring packets for wage subsidy candidates should be submitted to Central Office prior to approval from the ISD Deputy Directors.
 - May provide Wage Subsidy candidate referrals to NMW Service Provider
 - Ensures the coding for the current Wage Subsidy participants is correct and consistent on ISD2. The following are processing reminders for Wage Subsidy coding:
 - A client's status must be changed on ISD2 from regular TANF to Wage Subsidy once they start their Wage Subsidy assignment. (FACL Under Type: W)
 - Income must be coded as "SN" on the EI1 screen.
 - The "EMPLOYMENT START DATE" and "END DATE" fields must be entered on the EI1 screen.
 - Ensures that the months of participation in the Wage Subsidy Program do **not** count against an individual's 60-month term limit.
 - Ensures that the participant remains eligible for Medicaid and advises the Wage Subsidy participant that they are **not** required to enroll in HSD employee insurance or contribute to PERA.
 - Ensures that the participant's SNAP case is evaluated for Transitional SNAP.
 - Ensures that the participant is considered to be in active case status while in subsidized employment and, therefore, must comply with all eligibility and participation requirements of the NMW cash assistance program.
 - Ensures that TANF supportive services remain available to the participant.
 - Ensures Unemployment Scans are reviewed periodically from the end of the Wage Subsidy Term, to ensure that terminated Wage Subsidy participants are not collecting both unemployment and TANF benefits.
3. Below are case management procedures that must be monitored by ISD:
- **Leave Balances and Absences:** While employed, Wage Subsidy participants are entitled to accrue a balance of both sick and annual leave. Wage Subsidy participants are also entitled to additional unpaid excused absences, not to exceed 16 hours in any month or 80 hours cumulatively during the Wage Subsidy term. Absences are approved by the site supervisor. Any absences that exceed the 16 or 80 hour limit will result in termination of the Wage Subsidy activity. The appropriate termination process dictated by the employer's human resources department shall be followed. Upon notification from the Wage Subsidy employer, the ISD county office shall proceed to take appropriate action in ISD2 and transition the case

to NMW cash assistance.

- **Conciliations and Sanctions:** All Wage Subsidy participants are required to comply with NMW requirements which include satisfactory attendance in a work activity. When a Wage Subsidy participant is terminated from the program due to non-compliance and consequently transitioned back to NMW cash assistance, the caseworker shall initiate the conciliation/sanction process and issue an FAP 282, "*Failure to Comply with NMW Requirements.*" NMW assistance shall be reviewed for eligibility with the appropriate level sanction.

4. The ISD 271, "*Wage Subsidy Agreement*" form has been revised to reflect the following changes:

- Added to the Employer's portion of the form are statements indicating that Wage Subsidy participant employers understand and agree to inform the WSFB of any excused absences and to proceed with termination of any Wage Subsidy participant who has an excess of 16 unpaid hours of absences in a month or 80 cumulative hours over the course of the wage subsidy term.
- Added to the Participant portion of the form is the statement of understanding that participants must comply with all eligibility and work requirements including work requirements. Failure to comply will result in the loss of their Wage Subsidy position and they will be subject to sanction.
- Removed from the Participants portion of the form the statement of understanding that "I may not be eligible for Unemployment Compensation Benefits as distributed by the NM Department of Work Force Solutions upon termination or completion of my Wage Subsidy position unemployment."

5. All eligibility and NMW Service Provider staff must review the training packet, complete the sign-in sheets, and fax or email to them to the Policy and Program Development Bureau:

Fax Number: 505-476-7073

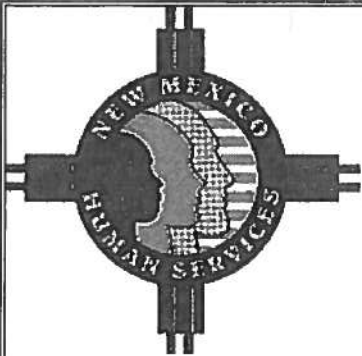
e-mail: HSD-ISD.pc@state.nm.us

If you have further questions regarding this IPP, please use the following contact information:

Rebecca.Reyes@state.nm.us or via phone at 505-827-1323.

Attachments: Wage Subsidy Training Packet
Training Sign- in Sheet
ISD 271 Form Revised [02/08/2013]
Notice of Termination
Evaluation Tool
Sample Check Stub
Wage Subsidy Review Checklist
Job Interest Form (JIF)





Income Support Division

Wage Subsidy



State of New Mexico
Department of Human Services
Income Support Division
Program and Policy Development Bureau

Intent:

The intent of this training is to review and clarify policy for the Wage Subsidy program, answer the questions clients may have about the program and provide concise instructions on processing a Wage Subsidy in ISD2

Objectives:

- Define what the Wage Subsidy Program and it's purpose
- Outline the terms and conditions of the Wage Subsidy Program
- Clarify the processing standards for a Wage Subsidy position
- Detail how a Wage Subsidy position will effect other programs
- Detail how to close a Wage Subsidy and transition a case back NMW
- Provide ISD2 coding instruction

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What is the Wage Subsidy Program?

The Wage Subsidy (WS) Program is designed to promote self sufficiency through paid work training opportunities for eligible NMW clients. It also provides incentive for employers to offer entry level training to NMW clients.

The New Mexico wage subsidy program is a subsidized employment opportunity where a TANF cash assistance participant is employed full-time. Payments to employers are made from TANF block grant funds.

Policy at **8.102.462.6 B NMAC** defines Wage Subsidy as follows:

B. The New Mexico wage subsidy program is a subsidized employment opportunity where a TANF cash assistance participant is employed full time. The department or its agents may subsidize the up to 50 percent of the employee's salary with funds from the TANF block grant. Funding of the program is contingent on specific appropriation of state and federal funding.



The WS Program can be a life changing opportunity for our clients. They learn new skills, which increase the potential for higher wages, and attain a sense of empowerment through their accomplishments.

The majority of WS participants are placed with the HSD. Participants work under the title of HSD Office Clerk and adhere to all of the job responsibilities and duties therein. Participants benefit by learning basic office skills and professionalism through paid on the job training. The experience and knowledge they gain can be highlighted on their resume and is appealing to potential employers.



Who can participate in the WS program?

Funding for the WS Program is limited so not all potentially eligible NMW clients will have the opportunity to participate. Careful consideration must be made to the likelihood of success for each participant before a referral is made.

8.102.462.8 A NMAC states - In order to be eligible the participant must:

- Have sufficient work experience;
- Be a registered participant in NMW;
- Is not in current conciliation or being sanctioned for non-cooperation with the NMW work requirements or child support requirements;
- Have citizenship documentation and a social security number; and
- Have verification of their highest educational level attained.

In addition to these criteria, each participant must be evaluated by the NMW contractor in all areas of employability before being considered for a WS opportunity.

In a two-parent family where only one of the parents is a participant in the New Mexico wage subsidy program, the other parent, if considered as a mandatory participant in the NMW work program, shall be required to participate in qualified work activities for a minimum of 30 hours per week. At least 20 hours a week must be spent in qualified primary work activities.

Another important consideration is that the completion of a WS position be a reasonable step in attaining the client's ultimate goal of self sufficiency through employment. For example, if a client wanted to become a welder a WS position as an Office Clerk would probably not help them in attaining that goal.

The NMW contractor will keep a list of candidates for the WS program. If you know of a motivated client that you think may be a good fit for a WS position, you as a caseworker can let your supervisor or county director know. They will ask the NMW contractor to consider the client for participation in the WS program.

What is the process of a Wage Subsidy approval?

When the NMW contractor is made aware that a WS position is vacant, they will refer candidates from their list. They'll help the clients complete the appropriate paperwork (Job Interest form, resume and proof of education attained) and submit it to the Work and Family Support Bureau (WFSB) for review. The WFSB, in coordination with HR, will determine which candidates meet the minimum requirements for employment with HSD and verify NMW eligibility. WFSB will provide the list of accepted candidates, and their paperwork, to the office which has the vacant WS position and give the office the approval to start interviews. The interview process is competitive so there will likely be multiple NMW clients applying for one WS position.

NEW MEXICO WORKS WAGE SUBSIDY AGREEMENT

PURPOSE: The New Mexico Wage Subsidy Program is an opportunity that provides a NM Works/TANF (NMW) cash assistance limited paid employment instead of receiving monthly cash payments. This limited job placement has the potential to continue and become full-time employment.

HSD understands and agrees:

- To provide funding to the employer up to 50% of employee wages.
- The NMW/TANF participant is eligible for the Wage Subsidy program and has met the following requirements:
 - is eligible for the Wage Subsidy program for up to 12 months in a lifetime
 - is a registered participant with work programs
 - is in "good standing" with the department
 - has citizenship documentation and a social security number

HSD SIGNATURE _____ **DATE** _____

As the Employer I understand and agree to:

- Hire the NMW participant for a Wage Subsidy position and ensure assistance in securing permanent employment at the end of the Wage Subsidy term
- Ensure work hours for the participant will not exceed forty hours per week
- Pay a wage that is equal to the wage paid to permanent employees performing the same job duties; and will not be less than the federal minimum wage
- Ensure that the Wage Subsidy hiring does not impair an existing contract or collective bargaining agreement
- Ensure that the Wage Subsidy does not displace currently employed persons or fill positions that are vacant due to a layoff
- Maintain health, safety and work conditions at or above levels generally acceptable in the industry

Once the interviews have been conducted and a candidate chosen, all parties involved will sign the NMW Wage Subsidy Agreement form (ISD 271). The employer, WS candidate, NMW contractor, ISD caseworker and WFSB will all receive a copy. The Career Development Specialist and employer will then be contacted by HR

and informed of the candidate's approval to become a WS participant and given the start date.

Once a start date is confirmed, the Career Development Specialist will meet with the new WS participant to update their WPA. They'll list the WS position as the NMW activity, and forward a copy to the ISD caseworker or designated liaison. This is the method in which ISD will be informed of the client's status as a wage subsidy participant.

NMW Work Participation Agreement - WPA

Participant Name: _____ Social Security/Case Number: _____ Date: _____

NMW Career Development Specialist (CDS) Name: _____ NMW CDS Phone Number: _____ ISD Unit/Assistant's Office: _____ TANF Family Type: One-Parent Requirement Two-Parent Requirement

A. My Work Activities and Weekly Hours

My Core Hours + My Other Hours = My Total Weekly Hours

FLSA Calculator: Cash Assistance \$ _____ + SNAP \$ _____ / Highest of Fed/State Hourly Min. Wage \$ _____ / 43 = FLSA Limited Weekly Hours _____

| Work Activities | Weekly 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 - Weekly Hours limited to Fair Labor Standards (FLSA) | | | |
| <input type="checkbox"/> Community Service - Weekly Hours limited to Fair Labor Standards (FLSA) | | | |
| <input type="checkbox"/> Job Search/Job Readiness - Limited to 120 or 180 hours in a 12 month period | | | |
| <input type="checkbox"/> Vocational Training/Education - 12 month lifetime limit | | | |
| <input type="checkbox"/> Child Care - For other TANF in Community Service | | | |

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

Transportation: \$18 - 1st 30 day Advance Monthly Round Trip Message

Child Care: 1st 30 day Referral

Work Related Expenses: Special Clothing Licensing Fees Vehicle Repair Tools

Education Related Expenses: Fees Books Supplies

Other: Referrals

None

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

I understand the work activities listed above. I know that I must report all of my non-paid work activity hours every month to my caseworker.

| Work Activities | | Weekly Hours | Start Date | Follow Up Date |
|--------------------------|-----------------------------------|--------------|------------|----------------|
| <input type="checkbox"/> | Employment | | | |
| <input type="checkbox"/> | Employment - Sponsored/Subsidized | | | |
| <input type="checkbox"/> | On-the-Job Training (OJT) | | | |

What does the caseworker do once the Wage Subsidy position is approved?

To code ISD2, the caseworker will need to know the new hourly wage and start date for the WS participant. There are two possible rates of pay; if the participant was hired into Office Clerk/**B** position, the hourly wage will be \$8.50 per hour. If they were hired as an Office Clerk/**O**, the hourly wage will be \$9.00 per hour. The work schedule will always be 40 hours per week. WS pay periods and dates are the same as all HSD employees. The start date will always be the beginning of the pay period. Using this information, which will appear on the WPA, you can easily calculate their pay.

Specific information about the WS position such as HSD position title, rate of pay, HSD office location, start date and duration will be outlined in this section.

| Descriptions - Locations - Notes |
|----------------------------------|
| |
| |

Upon receipt of the new WPA, listing the WS position information, the caseworker will update ISD2 coding, for the **ongoing** month, to reflect the WS approval. This will ensure that the NMW case remains active for support services but ongoing cash payments will be suspended during the WS period. The client **is** entitled to Notice of Adverse Action prior to NMW benefits being suspended.

Example:

The case worker receives Sally's WPA on April 9th. It shows Sally was approved for a Wage Subsidy position on April 5th and her start date will be April 18th, the beginning of the next pay period. Sally will receive her first paycheck in May. The worker codes the wage subsidy for the ongoing month (May) and lists Sally's April 18th start date. There is adequate time for a NOAA to be sent to Sally so May NMW benefits will not issue.

Coding
ISD2

Complete a change (D function) for the ongoing month and code the participant's start date. Code the income on the EI1 screen using Type code 'SN'. In this example, the participant's job title is Office Clerk/B; she is paid \$8.50 per hour and works 40 hours per week.

```

UPDATE * * * CLIENT FINANCIAL DATA * * * 002 EI1 01
Mnth: 0510 * * * EARNED INCOME - 1 * * * EI2
JOB-NUMBER: 01
CLIENT - NAME SSN CASE-ID CAT CASE-ID CAT
SALLY CLIENT 942697435 T
EMPLOYER: ISD WAGE SUBSIDY
ADDRESS: 4330 CUTLER NE
CITY: ALBUQUERQUE ST: NM ZIP: 87111 ( 505 ) 222 9600
-----
TYPE AMOUNT-1 HRS V AMOUNT-2 HRS V AMOUNT-3 HRS V AMOUNT-4 HRS V REC-10/03
SN 1360.00 172 Y
-----
EMPLOYMENT-DATES BUSINESS
START END EXPENSES V EITC V IDA V
041810 101810
GOOD-CAUSE-QUIT: JTPA-EXEMPT UNTIMELY
VOL-QUIT-CD: CNTR: IND: IND: ANOTHER-JOB:
VERIF-REMARKS: SALLY CLI 050310 WS CLRK/B START DT = 4/18/10 THROUGH
10/18/10_
  
```

Be sure to indicate "Wage Subsidy" in the employer name.

Always code the income type as SN.

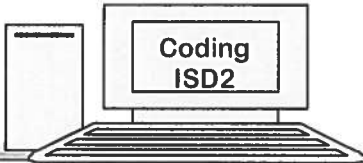


Wage Subsidy positions last for a period of up to 12 months. ISD2 automatically enters an end date in the 6th month. A reminder must be set to assure that this date is updated in the 6th month for the remainder of the WS period. Use ACTI and your Outlook calendar to set reminders. (See page 10 for 6th month update coding)

Notice that the PR end date of the NMW case does not change with the WS start/end dates. The client will have to submit a recertification packet in the month it is due. Make sure to notify your client of this.

```

INQUIRY * * 002 FAMS 01
Mnth: 0610 ACTI
CASE-ID: 94269
LAST-NOTICE REPORTING
DATE TYPE COUNTY PROFILE Y/N MONTH STATUS
N
INTERVIEW PERIODIC-REVIEW FRAUD-REFERRAL EMPLOYER
DATE TIME START-DT END-DT DATE MCO
(MMDDYY) (HHMM) (MMYY) (MMYY) CODE (MMDDYY)
030110 1111 0310 0211
  
```



ISD2 will automatically change the TYPE field on the FACL screen to "W" after the SN income type is entered on the EI1 screen.

```

UPDATE                *** FA / MA ***                002 FACL 01
MNTH: 0510           *** CASE PARTICIPANTS ***        FACL

CASE-ID: 942697435  CAT: 002 TYPE: W ← GEO: 01 ADMIN: 40 SUPV: 06 EW: 01
2-PARENT: N                MA-BEGIN-DATE:           MA-END-DATE:
STATUS: A ← REASONS:           STATUS-DATE: 050310           APPEAL-IND:
APPL-DATE: 030110  START-DATE: 033010  END-DATE:           LOCK-OUT:
RELATED-CASES: 942697435 072  942697435 039

---- CLIENT NAMES -- REL  HH STIN RSN STATUS  APPL  START  END  TANF
      SSN  FIRST LAST  V  BG CASE CD  DATE  DATE  DATE  DATE  NM  OS
942697435 SALLY CLI A Y  M  A           050310 030110 033010           00 00
942697436 CUTE  K  CLI D Y  M  A           050310 030110 033010           00 00
  
```

The NMW case status will remain active

VERIF-REMARKS: SALLY CLI 050310

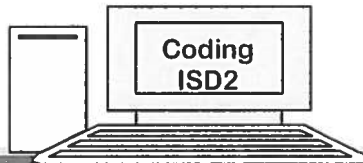
```

UPDATE                *** FA / MA FINANCIAL ***        002 FAEL 01
MNTH: 0510           *** ELIGIBILITY ***              VERF
CASE-ID: 942697435 T CATEGORY: 002 NUM-IN-GRANT: 2 ADULTS: 1 CHILDREN: 1
RESOURCES:
LIQUID-LIMIT:        1500.00      NET-STD-OF-NEED:    357.00
LIQUID-TOTAL:        0.00         GROSS-EARNED:      0.00
NON-LIQUID-LIMIT:    2000.00      EI-DISREGARD:      0.00
NON-LIQUID-TOTAL:    0.00         DEPENDENT-CARE:    0.00
85% FED POVERTY:    1033.00      NET-EARNED-INC:    0.00
GROSS-EARNED:        0.00         UNEARNED-INC:      0.00
GROSS-UNEARNED:      0.00         CASE-DEEMED-INC:   0.00
CS-FROM-IV-D:        0.00         PAYMENT-STD:       357.00
CASE-DEEMED:         0.00         NET-INCOME:        0.00
GROSS-INCOME:        0.00         GRANT-AMOUNT:      0.00
EXCESS:              0.00         SANCTION-AMT:      0.00
PR-END-DT: 0211      WAGE SUBSIDY - NO TANF CASH  RECOUPMENT-AMT:    0.00
BNFT-EFF-DT: 050310 STRAT: 0002  BNFT-APPRV: ? REASON-CODES:
DEFICIT:             357.00      NOTICE-OVRD:      WAIVE-10-DAY-NOTICE:
PREV-BNFT:           0.00         BENEFIT-OVERRIDE
CLAIMS-AMT:          0.00         AMT:               EFF-DT (MMDDYY):    REASON:
MEASUR: 012
01
  
```

A message will appear on the FAEL screen informing you that the case is now a Wage Subsidy case and cash assistance payments will be suspended. The benefit amount will be 0.00.

Example 2:

The caseworker receives Jill's WPA on 04/26/10 showing Jill was approved for the WS program on 4/22/10 and will begin her WS position on 5/2/10, the beginning of the next pay period. In April, the worker will code the WS position for the ongoing month (May). NOAA applies. Jill will receive a cash payment in May and there is no overpayment.



```

UPDATE * * * C L I E N T F I N A N C I A L D A T A * * * 002 EI1 01
Mnth: 0510 * * * E A R N E D I N C O M E - 1 * * * EI2
                                JOB-NUMBER: 01
C L I E N T - N A M E      S S N      C A S E - I D   C A T   C A S E - I D   C A T
JILL      B H A P P Y      942697479 T   942697479 T 002

EMPLOYER: ISD WAGE SUBSIDY
ADDRESS: 4330 CUTLER NE
CITY: ALBUQUERQUE ST: NM ZIP: 87110      P H O N E
                                           ( 505 ) 222 2222
-----
TYPE AMOUNT-1 HRS V AMOUNT-2 HRS V AMOUNT-3 HRS V AMOUNT-4 HRS V TFS 10/03
SN    1360.00 172 Y
-----
EMPLOYMENT-DATES BUSINESS
START END EXPENSES V EITC V IDA V
050210 110210
GOOD-CAUSE-QUIT: JTPA-EXEMPT UNTIMELY
VOL-QUIT-CD: CNTR: IND: IND: ANOTHER-JOB:
VERIF-REMARKS: JILL HAP 050310 WS OFFICE CLERK/B START 5/02/10 THROUGH
                11/02/10

"ENTER" KEY = CONTINUE "PF3" = CANCEL
"PF4" = SKIP/HOLD "PF5" = PAGE BACKWARD "PF6" = WORKSHEET END
    
```

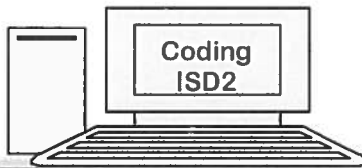
```

UPDATE * * * F A / M A N O N - F I N A N C I A L * * * 002 FANF 01
Mnth: 0510 * * * E L G I B I L I T Y * * * FAEL
CONFIRMED: ?
CASE-ID: 942697479 CAT: 002 TYPE: W GEO: 01 ADMIN: 40 SUPV: 06 EW: 01
2-PARENT: N MA-BEGIN-DATE: MA-END-DATE:
STATUS: A ← REASONS: STATUS-DATE: 050310 APPEAL-IND:
APPL-DATE: 030110 START-DATE: 033010 END-DATE: LOCK-OUT:
RELATED-CASES:
    
```

| SSN | FIRST | LAST | REL | HH | STIN | RSN | STATUS | APPL | START | END | TANF |
|-----------|-------|------|-----|----|------|-----|--------|--------|--------|------|-------|
| | | | V | BG | CASE | CD | DATE | DATE | DATE | DATE | NM OS |
| 942697479 | JILL | HAP | A Y | M | A | | 050310 | 030110 | 033010 | | 00 00 |
| 942697480 | BABY | HAP | D Y | M | A | | 050310 | 030110 | 033010 | | 00 00 |



Sixth Month Update



UPDATE Mnth: 1010 * CLIENT FINANCIAL DATA *** 002 EI1 01
Mnth: 1010 *** EARNED INCOME - 1 *** EI2

| CLIENT - NAME | SSN | CASE-ID | CAT | CASE-ID | CAT |
|---------------|-------------|-------------|-----|-------------|-----|
| SALLY CLIENT | 942697435 T | 942697435 T | 002 | 942697435 T | 039 |
| | | 942697435 T | 028 | | |

EMPLOYER: ISD WAGE SUBSIDY
ADDRESS: 4330 CUTLER NE
CITY: ALBUQUERQUE ST: NM ZIP: 87111 (505) 222 9600

TYPE AMOUNT-1 HRS V AMOUNT-2 HRS V AMOUNT-3 HRS V AMOUNT-4 HRS V TFS 10/03
SN 1360.00 172 V 1360.00 17

EMPLOYMENT-DATES BUSINESS
START END EXPENSES V EITC V IDA V
102010 032011

GOOD-CAUSE-QUIT: JTPA-EXEMPT UNTIMELY DELETE-JOB:
VOL-QUIT-CD: CHUR: IND: IND: ANOTHER-JOB:
VERIF-REMARKS: SALLY CLI 050310 2nd period of 12 mo ws pOSITION. ws start
date =4/20/10 thru 3/20/11 total_



In the sixth month, when the flag you've placed on the case notifies you, you will need to give a new start date of the sixth month and end date of the 12th month in ISD2 on the EI1 screen. ISD2 is not yet programmed to take this step for us. Be sure to annotate your actions in the comment line as well as in the case file.

If you do not take appropriate action on this step, the NMW case will automatically revert back to cash issuance!



How are other program benefits effected by the Wage Subsidy income?

- “How will I buy food?”
- “Will I lose my HUD housing?”
- “Does this count against my 60 months?”
- “How will I pay for daycare?”
- “Will I lose my Medicaid?”



These are common questions clients may have regarding what effect their participation will have on other programs and services they may be receiving.

Let's take a look at the different programs and the specific policies regarding the effect the WS program income has on each of them.

8.102.460.32.F NMAC outlines the effects of the WS program on all of the ISD programs.



- The WS participant is considered to be in active case status while in subsidized employment and, therefore, **must** comply with all eligibility and work requirements of the NMW cash assistance program.
- The months of participation in the wage subsidy program **will not** count against a participant's 60 month term limit
- The participant is ineligible for NMW cash assistance *payment* while participating in the wage subsidy program;

*To get the Net monthly wage deduct from the gross wages:

1) NMW earned income incentive

2) NMW allowable child care costs

Unless

- the *net monthly full-time wage paid to the participant is less than the NMW cash assistance to which the participant would otherwise be eligible;

Then

- the participant may be eligible for a supplemental cash assistance payment.

NOTE: It is uncommon for a client to be eligible for a supplemental NMW payment. The client would have to have a lot of household members, very high child care costs or both. If the position ends mid month, be sure to compare net wages against cash allotment for the possibility of a supplement payment.



The participant remains eligible for support services, such as child care through CYFD, regardless of whether they receive any supplemental cash payment. Cooperation with CSED and the work program is still mandatory and the conciliation/sanction process applies. Sanctions will result in loss of the WS position. Make sure the client understands this.

Employed Wage Subsidy participants are entitled to all company benefits offered by the employer to the same extent as regular permanent employees. This includes paid leave balances. In addition to a paid leave balance, Wage Subsidy participants are also entitled to excused absences.

Excused absences cannot exceed 16 hours in any month or 80 hours cumulatively during the Wage Subsidy term. The participant agrees to these conditions upon signing the Wage Subsidy Agreement (ISD 271) form. Excused absences are approved by the site supervisor or the participant's ISD county office.

Example:

On May 19th, Sally needs to take a full day off of work for an important issue. She has worked for HSD for 2 full pay periods and accrued 6.16 hours of paid leave balance. Sally seeks and is granted approval by her supervisor to take the time off. Sally took a total of 8 hours off. $8 \text{ hrs} - 6.16 \text{ hrs} = 1.84$ hours of excused absence taken in May.

Any excused absences that exceed the 16 or 80 hour limit is considered a non-compliance with the work program and will result in termination of the Wage Subsidy position. The appropriate termination process dictated by the employer's human resources department shall be followed. (Termination for cause will be initiated and processed by OHR). Upon notification the ISD county office shall proceed to take appropriate action in ISD2 and transition the case to NMW Works cash assistance.

Any WS participant who has exceeded the excused absence limit **or** is terminated will be subject to the conciliation/sanction process for failure to meet the work requirements. Sanctions for NMW or CSED non cooperation will result in termination of the WS position. The case will be transitioned back to NMW cash issuance with the appropriate sanction in place. If a 3rd level sanction is imposed, the case will close for the lock out period.

Note: WS participants may be eligible to receive unemployment. Ensure Unemployment Scans are reviewed periodically from the end of the Wage Subsidy Term, to ensure that terminated Wage Subsidy participants are not collecting both unemployment and TANF benefits.

Example:

Sally requests June 10th off to attend her brother's wedding in Ruidoso. She is granted the leave by her supervisor. She has accrued 6.16 of paid leave balance in the two pay periods since her last day off. Sally called in on Friday June 11th stating that she was not able to make the drive back to Albuquerque after her brother's wedding as she was too tired. This brings her excused absence hours to 9.84 for the month of June and 11.68 cumulatively. On Monday June 14th, Sally called her supervisor stating that she ran out of gas and is trying to borrow money to fill her tank for the drive back to Albuquerque. On Tuesday June 15th, Sally calls her supervisor to inform them that she is running late as she got into town late the night before. She comes into the office at 12:00 PM. She was absent a total of 28 hours from the office. She had 6.16 of accrued paid leave making her excused absence balance 21.84 hours for the month of June. Sally is terminated on June 15th and a sanction will be placed on her TANF case.

The caseworker will initiate the conciliation/sanction process and issue a Failure to Comply with NMW Requirements (FAP 282) form.

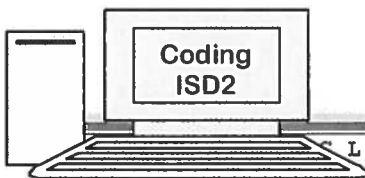
INCOME SUPPORT DIVISION

NOTICE OF FAILURE TO COMPLY WITH TANF WORK REQUIREMENTS

Case Number: [] Case Name: [] Date of Notice: []

TO: []

Hand Delivered
 Mailed



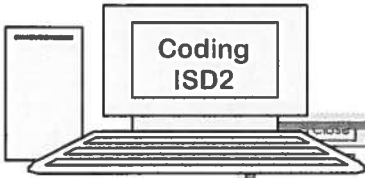
```

CLIENT FINANCIAL DATA * * * 002 EI1 01
EARNED INCOME - 1 * * * EI2
JOB-NUMBER: 01
CLIENT - NAME SSN CASE-ID CAT CASE-ID CAT
SALLY CLIENT 942700172 T 942700172 T 002 942700172 T 039

EMPLOYER: WAGE SUBSIDY ISD
ADDRESS: 4330 CUTLER NE PHONE
CITY: ALBUQUERQUE ST: NM ZIP: 87111 ( 505 ) 222 2222

-----
TYPE AMOUNT-1 HRS V AMOUNT-2 HRS V AMOUNT-3 HRS V AMOUNT-4 HRS V TFS 10/03
SN 1360.00 172 Y
-----

EMPLOYMENT-DATES BUSINESS
START END EXPENSES
042010 061510 ← Put the termination date on the EI1 screen.
GOOD-CAUSE-QUIT: JTPA-EXEMPT
VOL-QUIT-CD: CNTR: IND: IND: ANOTHER-JOB:
VERIF-REMARKS: SALLY CLI 060710 TERMINATED FROM WS POSITION ON JUNE 15TH
    
```



```

*** PARTICIPANT SANCTIONS ***      002 SANT 01
Mnth: 0710      *** CLIENT LIST ***      FMM1

          WORK PROGRAMS      CHILD SUPPORT      NON REPORTER
CLIENT   NAME      CONC  SANT  LVL RSN CONC  SANT  LVL RSN SANT  LVL RSN
SSN      FIRST  LAST  DATE  DATE      DATE  DATE  DATE  DATE  DATE
942700172 SALLY  CLI 123109 060710 W  Z
  
```

Place the appropriate conciliation/sanction coding on the SANT screen. In this example, conciliation does not apply and the NMW cash will be issued with a 2nd level sanction in place.

VERIF-REMARKS: SALLY CLI 060710

```

UPDATE      *** FA / MA NON - FINANCIAL ***      002 FANF 01
Mnth: 0610      *** ELIGIBILITY ***      FAEL
          CONFIRMED: Y
CASE-ID: 942697435 CAT: 002 TYPE:      GEO: 01 ADMIN: 40 SUPV: 06 EW: 01
2-PARENT: N      MA-BEGIN-DATE:      MA-END-DATE:
STATUS: A REASONS:      STATUS-DATE: 050310      APPEAL-IND:
APPL-DATE: 030110 START-DATE: 033010 END-DATE:      LOCK-OUT:
RELATED-CASES: 942697435 039
  
```

| SSN | FIRST | LAST | REL | HH | STIN | RSN | STATUS | APPL | START | END | TANF |
|-----------|-------|------|-----|----|------|-----|--------|--------|--------|--------|-------|
| 942697435 | SALLY | CLI | A | Y | M | A | 050310 | 030110 | 033010 | | 00 00 |
| 942697436 | CUTE | K | CLI | D | Y | M | A | 050310 | 030110 | 033010 | 00 00 |

Transition the 039 case back to SR and confirm it first
 See pages 19-21 for more detailed instructions on this step.

MESSAGE 712 02

712 CANNOT HAVE TFS CASE WITH ACTIVE TANF CASE *

```

002 FAEL 01
VERF
CHILDREN: 1
  
```

NMW sanctions do not affect the 028 12 month lock in period.

| | | | |
|-------------------|---------|------------------|--------|
| LIQUID-LIMIT: | 1500.00 | GROSS-EARNED: | 0.00 |
| LIQUID-TOTAL: | 0.00 | EI-DISREGARD: | 0.00 |
| NON-LIQUID-LIMIT: | 2000.00 | DEPENDENT-CARE: | 0.00 |
| NON-LIQUID-TOTAL: | 0.00 | NET-EARNED-INC: | 0.00 |
| | | UNEARNED-INC: | 0.00 |
| 85% FED POVERTY: | 1033.00 | CASE-DEEMED-INC: | 0.00 |
| GROSS-EARNED: | 0.00 | PAYMENT-STD: | 357.00 |
| GROSS-UNEARNED: | 0.00 | NET-INCOME: | 0.00 |
| CS-FROM-IV-D: | 0.00 | GRANT-AMOUNT: | 357.00 |
| CASE-DEEMED: | 0.00 | SANCTION-AMT: | 89.00 |
| GROSS-INCOME: | 0.00 | RECOUPMENT-AMT: | 0.00 |
| EXCESS: | 0.00 | BENEFIT-AMT: | 268.00 |
| -END- | | | |
| FT-EE | | | |
| FICIT | | | |
| EV-B | | | |

The NMW case will automatically revert back to cash issuance with the appropriate sanction in place.

Example:

On June 7th Jill's case worker receives notice that Jill has exceeded the excused absence limit and is effectively terminated. Jill has already been sanctioned at a 1st and 2nd level sanction previous to the WS position. She will now be at a 3rd level sanction.

The caseworker will initiate the sanction process and issue a Failure to Comply with NMW Requirements (FAP 282) form.

NOTICE OF FAILURE TO COMPLY WITH TANF WORK REQUIREMENTS

INCOME SUPPORT DIVISION

Case Number: [] Case Name: [] Date of Notice: []

To: [] Hand Delivered

Coding ISD2

```

UPDATE *** CLIENT FINANCIAL DATA *** 028 EI1 01
N *** EARNED INCOME - 1 *** EI2
JOB-NUMBER: 01
T - NAME SSN CASE-ID CAT CASE-ID CAT
IENT 942700174 T 942700174 T 039 942700174 T 028
    
```

EMPLOYER: WAGE SUBSIDY ISD
 ADDRESS: 4330 CUTLER NE PHONE
 CITY: ALBUQUERQUE ST: NM ZIP: 87111 (505) 222 9600

 TYPE AMOUNT-1 HRS V AMOUNT-2 HRS V AMOUNT-3 HRS V AMOUNT-4 HRS V TFS 10/03
 SN 1360.00 172 Y

EMPLOYMENT-DATES BUSINESS EITC V IDA V
 START END EXPENSES V
 050210 060710

Put the end date of the WS position on the EI1 screen.

```

UPDATE *** PARTICIPANT SANCTIONS *** 002 SANT 01
Mnth: 0610 *** CLIENT LIST *** FMM1
    
```

WORK PROGRAMS

| NAME | CONC | SANT | LVL | RSN | CONC |
|------------|------------|--------|-----|------|------|
| FIRST LAST | DATE | DATE | | DATE | |
| 74 JILL | CLI 121108 | 060710 | Y | Z | |

Place the appropriate sanction coding on the SANT screen.

NMW case closure does not affect the 028 lock in period.

```

UPDATE *** FA / MA NON - E 002 FANF 01
Mnth: 0710 *** ELIGI CONFIRMED FAEL
    
```

CASE-ID: 942700174 CAT: 002 TYPE: W
 2-PARENT: N MA-
 STATUS: C REASONS: 218 STAT
 APPL-DATE: 050110 START-DATE: 053010
 DATED-CASES: 942700174 028 9427001

40 SUPV: 06 EW: 01
 MA-END-DATE:
 APPEAL-IND:
 LOCK-OUT:

END TANF
 DATE NM OS
 063010 00 00
 063010 00 00

The TANF case will be in closed status for the 3rd level sanction

You must have a lead worker restore the SNAP case from T-SNAP to SR!



8.102.460.32.F(4) NMAC

- The participant's wages count against his or her SNAP benefits.



NMW policy shows that WS income is countable toward the SNAP case.

However



8.139.501.8 NMAC

SNAP policy addresses the WS income and allows for transitional SNAP benefits as follows:

- Transitional SNAP benefits shall be extended to households that receive SNAP benefits and are also receiving payments from one of the following cash assistance programs:
 - **Wage subsidy program participation:** The NMW cash assistance payment is terminated because the benefit group has been accepted into the wage subsidy program pursuant to 8.102.460.19 NMAC.

8.139.501.9 NMAC

- **Determining the transitional benefit period:** The transitional benefit period shall be determined prospectively. TFS shall be issued for *five months* beginning in the month after the final cash assistance payment is received.

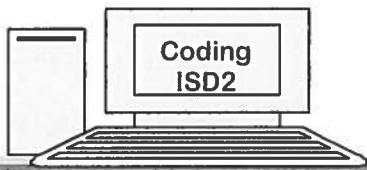
Be certain to explain the five month transitional benefit period to the participant. Make sure it is understood that when the transitional SNAP period ends and the client re-applies, the WS income **will** be counted on the SNAP case and may reduce their benefit amount.



- **Households not eligible for TFS**
 - a TANF benefit group is in sanction status because a TANF benefit group member has failed to comply with work requirements, child support enforcement or reporting requirements;

Imposing a sanction on the 002 case will result in loss of T-SNAP benefits and the SNAP case will need to be changed manually to SR.

There is no special coding required by the caseworker to accomplish this. ISD2 is programmed to convert the case into Transitional SNAP automatically. Here is an example:



```

INQUIRY          * * *   F S   * * *   039 FSCL 01
MNTH: 0510      * * *   C A S E P A R T I C I P A N T S   * * *   L I S T

CASE-ID: 942697435 CAT: 039 TYPE: T      GEO: 01 ADMIN: 40 SUPV: 06 EW: 01
NON-ABAWDS
STATUS: A   REASONS:                      STATUS-DATE: 050310      APPEAL-IND:
APPL-DATE: 030110   START-DATE: 030110   END-DATE:                LOCK-OUT:
RELATED-CASES:
    
```

You'll be able to view the Transitional SNAP coding on FSCL and FSMS screens, beginning with the ongoing month and continuing for the five month period.

```

INQUIRY          * * *   C A S E   N O N - F I N A N C I A L   * * *   039 FSMS 01
MNTH: 0510      * * *   F S   M I S C   D A T A   * * *   A C T I

CASE-ID: 942697435 T CATEGORY: 039   TYPE: T

VERIF-RE
"ENT
"PF4

          LAST-NOTICE-SENT      PREVIOUS      ERROR-PRONE      SIMPLIFIED REPORTING
          DATE      TYPE      COUNTY      PROFILE      Y/N      MONTH      STATUS
          N

          INTERVIEW      PERIODIC-REVIEW      FRAUD-REFERRAL
          DATE      TIME      START-DT      END-DT      DATE
          (MMDYY)      (HHMM)      (MYY)      (MYY)      CODE (MMDYY)
          030110      1111      0510      0910

          PAYMENT-ISSN      FACE TO FACE INTERVIEW
          METHOD      Y/N REASON      DATE
          9      N      0510
    
```



When the transitional SNAP period ends, there is no need to change the coding on the NMW case. ISD2 will count the WS income to the SNAP case in the next PR period.



8.102.460.32.F (3) NMAC

- The participant remains eligible for Medicaid.

Although the client remains eligible for Medicaid, the case must be converted to the Transitional Medicaid program by approving a (category 028). Explain this clearly to the participant. They will have an option to purchase health insurance from the employer but it may not be in their best interest to do so.

Coding ISD2

```

UPDATE      * * * F A / M A N O N - F * * *      072 FANF 01
MNTH: 0510      * * * E L I G I B I * * *      FAEL
CONFIRMED: 2

CASE-ID: 942697435 CAT: 072      GEO: 01 ADMIN: 40 SUPV: 06 EW: 01
2-PARENT: N      MA-BEGIN-DATE:      MA-END-DATE:
STATUS: T REASONS: 601      STATUS-DATE: 050310      APPEAL-IND:
APPL-DATE: 030110 START-DATE: 030110 END-DATE: 053110 LOCK-OUT:
RELATED-CASES: 942697435 002      942697435 039
  
```

Close the Jul Medicaid using reason code 601 (exceeds income limit).

| DOB | FIRST LAST | Y | LG | CASE | CD | DATE | DATE | DATE | DATE |
|-----------|------------|---|----|------|----|------|------|--------|----------------------|
| 942697435 | SALLY CLI | A | Y | 1 | M | T | 601 | 050310 | 030110 030110 053110 |
| 942697436 | CUTE K CLI | D | Y | 1 | M | T | 601 | 050310 | 030110 030110 053110 |

```

UPDATE      * * * F A / M A F I N A N C I A L * * *      028 FAEL 01
MNTH: 0610      * * * E L I G I B I L I T Y * * *      VERF
CASE-ID: 942697435 T CATEGORY: 028 NUM-IN-GRANT: 2 ADULTS: 1 CHILDREN: 1
RESOURCES:      NET-STD-OF-NEED:      0.00
RESOURCE-LIMIT: 1000.00      GROSS-EARNED:      0.00
TOTAL-RESOURCES: 0.00      EI-DISREGARD:      0.00
  
```

Register and approve the category 028 Transitional Medicaid case just as you would for any job start that exceeds the NMW income guideline. Do not change the income type coding on the EI1 screen



8.102.460.32.F(6) NMAC

- The participant’s earnings are exempt from HUD housing determinations.

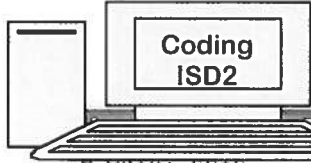
While our policies, as well as the Wage Subsidy Agreement form (ISD 271), indicate that the WS income will not count toward HUD housing, be sure to refer the client to the Housing Authority for more information on their housing determinations. ISD does not make determinations on subsidized housing programs.

What happens if the participant quits?

Regulation addresses this possibility as well. **8.102.462.9 C and D NMAC** states:

- If a wage subsidy participant voluntarily quits a job without good cause, as determined by the NMW service provider or the department, the participant will no longer be considered for participation in the wage subsidy program. Refer to 8.102.620 NMAC for good cause provisions.
- The TANF cash assistance participant will then have 10 days to notify the NMW service provider and renew work participation activities or be subject to the conciliation/sanction process for non-compliance with the work program.

If the NMW cash assistance participant fails to complete this process, the department will follow the policy and procedures for imposing sanctions for non-cooperation with the work program.



CLIENT FINANCIAL DATA *** 002 EI1 01

* EARNED INCOME - 1 * * *

Put the job end date on the EI1 screen.

CLIENT - NAME SSN CASE-ID CAT JOB-NUMBER: 01

SALLY CLIENT 942697435 T 942697435 T 002 CASE-ID CAT

942697435 T 028 942697435 T 039

EMPLOYER: ISD WAGE SUBSIDY

ADDRESS: 4330 CUTLER NE PHONE

CITY: ALBUQUERQUE ST: NM ZIP: 87111 (505) 222 9600

TYPE AMOUNT-1 HRS V AMOUNT-2 HRS V AMOUNT-3 HRS V AMOUNT-4 HRS V TFS 10/03

SN 1360.00 172 Y Y

UPDATE *** FA / MA NON-FINANCIAL *** 002 FANF 01

MNTH: FAEL

EMPLOYMENT-DATES B

START END E

042010 061510 ←

GOOD-CAUSE-QUIT: 40 SUPV: 06 EW: 01

VOL-QUIT-CD: CN 2-PARENT: N MA-BEGIN-DATE: MA-END-DATE:

VERIF-REMARKS: SALL STATUS: A REASONS: STATUS-DATE: 050310 APPEAL-IND:

APPL-DATE: 030110 START-DATE: 033010 END-DATE: LOCK-OUT:

RELATED-CASES: 942697435 039

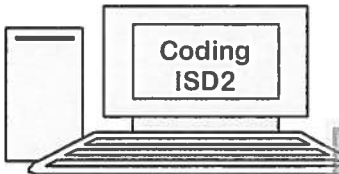
| CLIENT NAMES | REL | HH | STIN | RSN | STATUS | APPL | START | END | TANF | | | |
|--------------|-------|------|------|-----|--------|------|--------|--------|--------|--------|----|----|
| SSN | FIRST | LAST | V | BG | CASE | CD | DATE | DATE | NM | OS | | |
| 942697435 | SALLY | CLI | A | Y | M | A | 050310 | 030110 | 033010 | 00 | 00 | |
| 942697436 | CUTE | K | CLI | D | Y | M | A | 050310 | 030110 | 033010 | 00 | 00 |

"ENTER" KEY = C

"PF4" = SKIP/HO

You will not be able to confirm the NMW case at this point. The system will tell you that you cannot have NMW and Transitional SNAP concurrently.

MESSAGE 712 02
712 CANNOT HAVE TFS CASE WITH ACTIVE TANF CASE *



Go back to the FSCL screen in the 039.

UPDATE *** FS *** 039 FSCL 01
MNTH: 0610 *** CASE PARTICIPANTS *** LIST

CASE-ID: 942697435 CAT: 039 TYPE: T GEO: 01 ADMIN: 40 SUPV: 06 EW: 01

UPDATE *** FS *** 039 FSCL 01
MNTH: 0610 *** CASE PARTICIPANTS *** LIST

CASE-ID: 942697435 CAT: 039 TYPE: -
NON-ABAWDS
STATUS: A REASONS: STATUS-DA
APPL-DATE: 030110 START-DATE: 030110 EM
RELATED-CASES: 942697435 002

Remove the Transitional SNAP coding from the 039 FSCL screen by deleting the "T" in the Type field.

| SSN | FIRST | LAST | REL | HH | ST-IN | RSN | CD | DATE | DATE | DATE | DATE | DATE | TP |
|-----------|-------|------|-----|----|-------|-----|----|--------|--------|--------|------|------|----|
| 942697435 | SALLY | CLI | A | Y | M | A | | 050310 | 030110 | 030110 | | | |
| 942697436 | CUTE | K | CLI | D | Y | M | A | 050310 | 030110 | 030110 | | | |



VERIF-REMARKS: SALLY CLI 050310

MESSAGE 712 02
712 CANNOT HAVE TFS CASE WITH ACTIVE TANF CASE *

END

You will have to confirm the SNAP case in the FSNF and FSEL screens first.

UP
MN
CA
NO
ST
AP
RE

NON-FINANCIAL *** 039 FSNF 01
ELIGIBILITY *** FSEL
CONFIRMED: 2

FS FINANCIAL *** 039 FSEL 01
* ELIGIBILITY *** VERF

CATEGORY: 039 NUM-IN-HOUSE: 2 ADULTS: 1 CHILDREN: 1

| | |
|--------------------|---------|
| STANDARD-DED: | 141.00 |
| CS-DEDUCTION: | 0.00 |
| SHELTER-DEDUCTION: | 0.00 |
| MEDICAL-DEDUCTION: | 0.00 |
| DEPENDENT-CARE: | 0.00 |
| ADJUSTED-NET-INC: | 216.00 |
| NET-INCOME-STD: | 1215.00 |
| 30%-ADJ-NET-INC: | 65.00 |
| THRIFTY-FOOD-PLAN: | 367.00 |
| ALLOTMENT-AMOUNT: | 302.00 |
| RECOUPMENT-AMOUNT: | 0.00 |
| BENEFIT-AMOUNT: | 302.00 |

TOTAL RESOURCE

EXCESS: 0.00

INCOME-TEST:

942 FA-GRANT-AMOUNT: 357.00

942 IV-D-REFUND-AMOUNT: 0.00

GROSS-INCOME-STD: 2004.00

GROSS-EARNED: 0.00

EARNED-INCOME-DED: 0.00

NET-EARNED-INCOME: 0.00

GROSS-UNEARNED: 357.00

VERIF-REMARKS: SALLY CLI 050310

Coding
ISD2

DATE *** FA / MA NON - FINANCIAL *** 002 FANF 01
 TH: 0610 *** ELIGIBILITY *** FAEL
 CASE-ID: 942697435 T CATEGORY: 002 NUM-IN-GRANT: 2 ADULTS: 1 CHILDREN: 1
 RESOURCES: NET-STD-OF-NEED: 357.00
 LIQUID-LIMIT: 1500.00 GROSS-EARNED: 0.00
 LIQUID-TOTAL: 0.00 EI-DISREGARD: 0.00
 NON-LIQUID-LIMIT: 2000.00 DEPENDENT-CARE: 0.00
 NON-LIQUID-TOTAL: 0.00 NET-EARNED-INC: 0.00
 85% FED POVERTY: 103
 GROSS-EARNED: 0.00 PAYMENT-STD: 357.00
 GROSS-UNEARNED: 0.00 NET-INCOME: 0.00
 CS-FROM-IV-D: 0.00 GRANT-AMOUNT: 357.00
 CASE-DEEMED: 0.00 SANCTION-AMT: 0.00
 GROSS-INCOME: 0.00 RECOUPMENT-AMT: 0.00
 EXCESS: 0.00 BENEFIT-AMT: 357.00
 PR-END-DT: 0211
 BNFT-EFF-DT: 050310 STRAT: 0002 BNFT-APPRV: y REASON-CODES: _
 DEFICIT: 357.00 NOTICE-OVRD: WAIVE-10-DAY-NOTICE:
 PREV-BNFT: 0.00 BENEFIT-OVERRIDE

You are now able go back to 002 FANF screen and confirm through all of the active categories.

UPV: 06 EW: 01
D-DATE:
APPEAL-IND:
-OUT:

NMW



NMW will now be in active payment status.

INQUIRY *** FINANCIAL *** 039 FSMS 01
 MNTH: 0610 DATA *** ACTI
 CASE-ID: 942697435 T CATEGORY: 002 NUM-IN-GRANT: 2 ADULTS: 1 CHILDREN: 1
 LAST-NOTICE-SENT DATE TYPE PREVIOUS COUNTY ERROR-PRONE PROFILE Y/N MONTH STATUS
 SIMPLIFIED REPORTING MONTH STATUS
 N

Have your lead worker or supervisor place the SNAP case back in SR!

SNAP



INQUIRY *** FINANCIAL *** 028 FAMS 01
 MNTH: 0610 DATA *** ACTI
 CASE-ID: 942697435 T CATEGORY: 028

Medicaid



| LAST-NOTICE-SENT DATE | TYPE | PREVIOUS COUNTY | ERROR-PRONE PROFILE | SEMIAUTOMATIC REPORTING Y/N | MONTH | STATUS |
|-------------------------|-------------|---------------------------------|---------------------|-----------------------------|---------------|----------------------|
| INTERVIEW DATE (MMDDYY) | TIME (HHMM) | PERIODIC-REVIEW START-DT (MMYY) | END-DT (MMYY) | FRAUD-REFERRAL CODE | DATE (MMDDYY) | EMPLOYER MCO |
| 050110 | 1111 | 0510 | 0411 | | | |
| PRE-198 CASE-# | | AGENCY | | ANNUAL-COPAYMENT AMOUNT | | EMPLOYER AFFILIATION |

Allow the Transitional Medicaid to remain active for the remainder of the 12 month period.

FOR HSD/WFSB USE ONLY
WAGE SUBSIDY REVIEW CHECKLIST
Please keep this form with application packet

Initial Review

| | |
|-----------------------------------|--|
| Name of Applicant: | |
| Date Application Received: | |
| Date Application Reviewed: | |
| Reviewed By: | |

| <i>ISD2 Verification</i> | | <i>Comments</i> |
|-------------------------------|--|-----------------------|
| TANF 002 Status? | | |
| Months on TANF? | | |
| US Citizen? | | |
| Years of Education? | | |
| Mandatory? | | |
| Previous Wage Subsidy? | | <i># months used:</i> |

Hire Packet Review

| | |
|-----------------------------------|--|
| Date Hire Packet Received: | |
| Date Hire Packet Reviewed: | |
| Reviewed By: | |

| <i>ISD2 Verification</i> | | <i>Comments</i> |
|--------------------------|--|-----------------|
| TANF 002 Status? | | |
| Months on TANF? | | |
| Mandatory? | | |

SPECIAL NOTES:

JOB INTEREST FORM (JIF)

New Mexico State Personnel Office
2600 Cerrillos Road
P.O. Box 26127
Santa Fe, NM 87505-0127

| | | | |
|--|------------|--|------------------|
| Social Security Number: - - | Name: Last | First | Initial |
| Address: | | City: | State: Zip Code: |
| Home Phone: () - | | Work Phone: () - | Email Address: |
| Position Tool Number (15 Digits) | - | - | - |
| Do you have a valid driver's license? <input type="checkbox"/> YES Which State? <input type="checkbox"/> NO | | Dates of New Mexico Residency: From: To: | |
| Proficient in these languages: | | Have you ever been convicted of a felony? <input type="checkbox"/> NO <input type="checkbox"/> YES Explain on a separate sheet and attach to this application. A "YES" answer will not necessarily eliminate you from consideration for the job. | |
| Are you a Veteran? <input type="checkbox"/> YES Please supply a copy of your discharge status <input type="checkbox"/> NO | | | |
| <input type="checkbox"/> I was recently part of a NM State Agency Reduction in Force and would like to exercise any reemployment rights as afforded by 1.7.10.10NMAC OR I would like to exercise any reemployment rights I may have under the Workers' Compensation Act 52-1-50-1 NMSA 1978. I was separated from the State of New Mexico on ____ from ____ Department. | | | |

Qualifying Education:

Experience: Please direct us to your specific experience related to this job. Provide the employer's name as it is reflected on your resume or One-Page Application Form. Failure to complete the information below may result in lower final score.

| | |
|-----------|---|
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |
| Employer: | From (M/Y) / To (M/Y) / ___ Hours per week |

If need additional space, you may use more copies of this sheet as necessary. Additional pages

In accordance with the NMSA 10-9-22, I understand through my submission of any State of New Mexico application form that I am certifying that my application contains no willful falsification and should any investigation disclose such, I will be subject to penalties as outlined in NMSA 10-9-23.

SIGNATURE and/or Personal e-mail address*

DATE:

I have read the disclaimer from page 1.

| | | |
|---|--|---|
| Quarterly Performance Review and Plan for Wage Subsidy | Wage Subsidy Name: Supervisor's Name: Location: | Review Period: _____ to _____ Next Review Due: (quarterly) _____ |
|---|--|---|

Performance Scale

- 4 = Exemplary
- 3 = Solid Sustained
- 2 = Achieves Results
- 1 = Does Not Achieve Results

(Rate whole numbers only)

- Wage Subsidy Employee performs at a level that results in significant accomplishments
- Demonstrates good, solid performance in managing work expectations
- Meets performance standards (this rating can be used for development plan)
- Performance needs improvement and/or is inconsistent

| Performance Rating Areas | Self-assessment of Performance (Rate yourself) | Supervisor Assessment of Performance (Rate Wage Subsidy Employee) | Date of Review | Supervisor Name |
|---|--|---|----------------|-----------------|
| Compliance with Office Operations – Follows directions and office procedures | | | | |
| Customer Service: Works effectively with internal and external customers to achieve desired work results and maintain positive relationships. | | | | |
| Attendance/Punctuality - Maintains regular and consistent attendance and punctuality and meets established attendance requirements. | | | | |
| Work Environment/Safety - Promotes a respectful workplace, maintains a safe working environment, follows safe work practices, and contributes to overall team safety as defined in the employment services manual. | | | | |
| Interpersonal Skills/Professionalism - Respects others within work environment and demonstrates good communication and listening skills. | | | | |
| Productivity/Quality - Completes assigned work in a timely manner, while achieving consistency, thoroughness, and accuracy on assigned work and projects. | | | | |

For this review period Wage Subsidy performance earned an OVERALL RATING

of:

(Add the Ratings for each area rated and divide by number of performance areas rated.)

Future Goals & Action Plans -

1.

2.

Signatures and dates:

Wage Subsidy Employee

Supervisor

SL Start CDS

NEW MEXICO WORKS WAGE SUBSIDY AGREEMENT

PURPOSE: The New Mexico Wage Subsidy Program is an opportunity that provides a NM Works/TANF (NMW) cash assistance participant limited paid employment instead of receiving monthly cash payments. This limited job placement has the potential to continue and become full-time employment.

HSD understands and agrees:

- To provide funding to the employer up to 50% of employee wages.
- The NMW/TANF participant is eligible for the Wage Subsidy program and has met the following requirements:
 - is eligible for the Wage Subsidy program for up to 12 months in a lifetime
 - is a registered participant with work programs
 - is in "good standing" with the department
 - has citizenship documentation and a social security number

Initial box below to certify acknowledgement of all statements.

HSD SIGNATURE

DATE

As the Employer I understand and agree to:

- Hire the NMW participant for a Wage Subsidy position and ensure assistance in securing permanent employment at the end of the Wage Subsidy term
- Ensure work hours for the participant will not exceed forty hours per week
- Pay a wage that is equal to the wage paid to permanent employees performing the same job duties; and will not be less than the federal minimum wage
- Ensure that the Wage Subsidy hiring does not impair an existing contract or collective bargaining agreement
- Ensure that the Wage Subsidy does not displace currently employed persons or fill positions that are vacant due to a layoff
- Maintain health, safety and work conditions at or above levels generally acceptable in the industry and not less than those of comparable jobs offered by the employer
- Provide on-the-job training to perform work duties, supervision and evaluations of these duties
- Provide workers' compensation coverage for each Wage Subsidy participant
- Provide other benefits (includes but is not be limited to, health care coverage, paid sick leave, holiday and vacation pay) equal to those for new employees, or as required by state and federal law, whichever is greater
- Inform the Department of any absences resulting in leave without pay
- Proceed with termination of any Wage Subsidy client who has an excess of 16 hours of excused absences in a month or 80 cumulative hours over the course of the wage subsidy term

Initial box below to certify acknowledgement of all statements.

EMPLOYER (BUSINESS NAME)

SUPERVISOR'S NAME

PHONE

ADDRESS (NO. & STREET/PO BOX/RR)

CITY

STATE

ZIP

SUBSIDY POSTION BEGINS:

AND WILL END ON OR BEFORE:

EMPLOYER SIGNATURE

DATE

As the Wage Subsidy Participant I understand and agree that:

- I will not receive a monthly NMW payment; however I may be eligible for a supplemental cash assistance payment if employment is lost during the month or the net monthly income is less than the NMW payment I would otherwise be eligible for
- The months of participation in the Wage Subsidy program will not count against my NMW 60 month term limit
- I am still eligible for Medicaid
- My monthly income may change my SNAP (Supplemental Nutrition Assistance Program) benefits
- My monthly income is exempt from HUD housing determinations
- My subsidized employment position will last no longer than the limit indicated above and may be terminated prior due to funding or other reasons made known to me by HSD
- I must comply with all eligibility and work requirements of the NMW cash assistance program or I may lose my Wage Subsidy placements and my NMW will be subject to sanction
- I will be terminated from my Wage Subsidy placement if I exceed 16 hours of excused absences in a month or 80 cumulative hours over the course of my wage subsidy term

Initial box below to certify acknowledgement of all statements.

PARTICIPANT SIGNATURE


DATE

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 |
| <input type="checkbox"/> | Gold Mentor Program | 1-866-842-9230 |

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> |
| Your Civil Rights | <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> |
| Your Privacy | <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> |

