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## Manual Revision Memorandum

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**ISD-MR 15-05**

**TO:** ISD Employees  
**FROM:**  Marilyn Martinez, Director, Income Support Division  
**RE:** Forms Manual Revision ISD 271 Wage Subsidy Agreement  
**DATE:** May 26, 2015

The Wage Subsidy Agreement form ISD 271 has been updated to include the new Notice of Rights language.

**Instruction:**

**Replace all previous versions of the forms listed below. All previous versions of the form listed in this MR must be removed from any current stock.**

Delete- ISD 271 Wage Subsidy Agreement Revised 08/20/2014

Replace- ISD 271 Wage Subsidy Agreement Revised 05/06/2015

This form has been posted to the forms drive: \\disfasv025\ISDForms

If you have any questions please contact Suzanne Duran-Vigil at 505-827-7289 or [SuzanneP.Duran-Vigi@state.nm.us](mailto:SuzanneP.Duran-Vigi@state.nm.us).

## 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.

<b>HSD understands and agrees:</b>	<ul style="list-style-type: none"> <li>• To provide funding to the employer up to 50% of employee wages.</li> <li>• The NMW/TANF participant is eligible for the Wage Subsidy program and has met the following requirements:               <ul style="list-style-type: none"> <li>○ is eligible for the Wage Subsidy program for up to 12 months in a lifetime</li> <li>○ is a registered participant with work programs</li> <li>○ is in "good standing" with the department</li> <li>○ has citizenship documentation and a social security number</li> </ul> </li> </ul>	Initial box below to certify acknowledgement of all statements.
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<b>HSD SIGNATURE</b>	<b>DATE</b>
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<b>As the Employer I understand and agree to:</b>	<ul style="list-style-type: none"> <li>• Hire the NMW participant for a Wage Subsidy position and offer assistance in securing permanent employment at the end of the Wage Subsidy term</li> <li>• Ensure work hours for the participant will not exceed forty hours per week</li> <li>• 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</li> <li>• Ensure that the Wage Subsidy hiring does not impair an existing contract or collective bargaining agreement</li> <li>• Ensure that the Wage Subsidy does not displace currently employed persons or fill positions that are vacant due to a layoff</li> <li>• 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</li> <li>• Provide on-the-job training to perform work duties, supervision and evaluations of these duties</li> <li>• Provide workers' compensation coverage for each Wage Subsidy participant</li> <li>• 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</li> <li>• Inform Work and Family Support Bureau of any absences resulting in leave without pay</li> <li>• Proceed with termination of any Wage Subsidy client who has an excess of 16 hours of unpaid excused absences in a month or 80 cumulative hours over the course of the wage subsidy term without good cause</li> </ul>	Initial box below to certify acknowledgement of all statements.
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<b>EMPLOYER (BUSINESS NAME)</b>	<b>SUPERVISOR'S NAME</b>	<b>PHONE</b>
<b>ADDRESS (NO. &amp; STREET/PO BOX/RR)</b>	<b>CITY</b>	<b>STATE</b> <b>ZIP</b>

**SUBSIDY POSTION BEGINS:** \_\_\_\_\_ **AND WILL END ON OR BEFORE:** \_\_\_\_\_

<b>EMPLOYER SIGNATURE</b>	<b>DATE</b>
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<b>As the Wage Subsidy Participant I understand and agree that:</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• The months of participation in the Wage Subsidy program will not count against my NMW 60 month term limit</li> <li>• I am still eligible for Medicaid</li> <li>• My monthly income may change my SNAP (Supplemental Nutrition Assistance Program) benefits</li> <li>• My monthly income is exempt from HUD housing determinations</li> <li>• 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</li> <li>• I must remain eligible for TANF for the duration of the wage subsidy employment term</li> <li>• I must comply with work requirements of the NMW cash assistance program or I may lose my Wage Subsidy placements and my NMW will be subject to sanction</li> <li>• I will be terminated from my Wage Subsidy placement for an excess of 16 hours of excused absences in a month or 80 cumulative hours over the course of my wage subsidy term</li> <li>• 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</li> </ul>	Initial box below to certify acknowledgement of all statements.
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<b>PARTICIPANT SIGNATURE</b>	<b>DATE</b>
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## 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	<a href="http://www.studentaid.ed.gov">www.studentaid.ed.gov</a> - 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	<a href="http://www.nmlpc.org">www.nmlpc.org</a> – 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 <a href="http://www.nmgrads.org">www.nmgrads.org</a>
<input type="checkbox"/>	Disability/Rehabilitation Programs	1-800-224-7005 – <a href="http://www.dvrgetsjobs.com">www.dvrgetsjobs.com</a>
<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

### Notice of Rights

**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 Human Services Department, American Disabilities Act (ADA) coordinator at 1-505-827-7701 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. (Revised 09/15/14)



#### Your Civil Rights Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs. The U.S. Department of Agriculture also prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination with USDA, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at [http://www.ins.usda.gov/snap/contact\\_info/hotlines.htm](http://www.ins.usda.gov/snap/contact_info/hotlines.htm). To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY). USDA and HHS are equal opportunity providers and employers. (Revised 07/15/14)

#### Confidentiality

All information you give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which you have applied. Confidential information may also be released to other federal and state agencies. All information will be used to determine eligibility and/or to provide services. (Revised 07/15/14)

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. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. You do not need to be a U.S. Citizen to apply.

Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves, do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD.

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.