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## Manual Revision Memorandum

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**ISD-MR 17-20**

**TO:** ISD Employees  
**FROM:** Mary Brogdon, Director, Income Support Division  
**DATE:** October 20, 2017  
**RE:** Update to ASD 500 - Overpayment Statement revised 9/30/17

The ASD 500 - Overpayment Statement has been updated in ASPEN to incorporate federal and state compliant language. The ASD - 500 is a statement of transactions on outstanding claims. A statement is generated for every liable individual for all the claims he/she is liable for. This form is only available through central print.

**Instruction:**

New- ASD 500 - Overpayment Statement revised 9/30/17

If you have questions regarding this MR, please contact Gavino Archuleta at (505) 827-7244 or by e-mail at [Gavino.Archuleta@state.nm.us](mailto:Gavino.Archuleta@state.nm.us).

Attachment: ASD 500 - Overpayment Statement revised 9/30/17



# Human Services Department

Restitution Services Bureau  
P.O. Box 234  
Santa Fe, NM 87504  
Phone Number: (800) 431-4593  
Fax Number: (800) 827-8103



Individual ID: 0123456789

Date: January 1<sup>st</sup>, 2015

Revision Date: ASD 500 September 30<sup>th</sup>, 2017

Check here and fill out the table below if your name or address has changed.

Name:	Phone Number:
Address:	City/State/Zip:

Tom Smith  
1600 Pennsylvania Avenue  
Santa Fe, NM 87505

## Notice of Overpayment

### Make checks or money orders payable to:

New Mexico Human Services Department  
Accounts Receivable Bureau  
P.O. Box 2348  
Santa Fe, New Mexico 87504-2348

Individual ID: 123456789

**DUE DATE: December 30, 2015**

**Smallest amount due: \$150.00**

**AMOUNT ENCLOSED: \$**

Cut here - Mail the top part along with your payment in the enclosed envelope. Keep the bottom portion for your records.



This is a statement about the overpayment of benefits you received. It says how much you have paid and how much you still owe. Each month you will receive this statement with the current status of your overpayment.

**Trigger Condition #1:** Only appears if the amount is past due

Our records show that you have a past due amount. We may refer the amount past due for further collections.

**Trigger Condition #2:** Populated in all scenarios

STATEMENT TIME: November 2015					
LIST OF TRANSACTIONS FOR THE MONTH					
DATE	TYPE OF ASSISTANCE	CLAIM ID	TRANSACTION TYPE	PAYMENT AMOUNT	CHANGES +/-
11/01/2015	SNAP	0123456789	CASH	\$100.00	
11/10/2015	Cash	0123456789	SYSTEM ADJUSTMENT		-\$50.00
EARLIER BALANCE:					\$300.00
TOTAL PAYMENTS:					\$100.00
TOTAL CHANGES:					-\$50.00
ENDING BALANCE:					\$150.00
AMOUNT PAST DUE:					\$50.00
SMALLEST MONTHLY AMOUNT DUE →					\$150.00

If you have any questions about your statement, please call this phone number: (800) 431-4593  
The last page of this notice explains your civil rights and your right to a fair hearing. Please read it with care.