



HUMAN SERVICES
DEPARTMENT

Susana Martinez, Governor
Brent Earnest, Secretary
Mary Brogdon, Director

Manual Revision Memorandum

ISD-MR 17-25

TO: ISD Employees
FROM: Mary Brogdon, Director, Income Support Division
DATE: October 20, 2017
RE: Update to ISDB 003 - Request for Benefit Verification revised 9/30/17

The ISDB 003 - Request for Benefit Verification has been updated in ASPEN to incorporate federal and state compliant language. The ISDB 003 - Request for Benefit Verification is a manually generated form used to verify the benefits issued to the client. This form is available through both central and local print.

Instruction:

New- ISDB 003 - Request for Benefit Verification 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.

Attachment: ISDB 003 - Request for Benefit Verification revised 9/30/17



**CLIENT REQUEST FOR PROOF OF BENEFITS RECEIVED
SOLICITUD DEL CLIENTE PARA VERIFICACIÓN DE BENEFICIOS**

INCOME SUPPORT DIVISION/DIVISIÓN DE ASISTENCIA ECONÓMICA
Revision Date: ISDB 003 September 30th, 2017

Case Number/Número del Caso 012345678	Name/Nombre Tom Smith	Individual ID/ Identificación Individual 012345678
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Mailing Address/ Dirección postal: ▼

[Redacted]	Date/Fecha: January 01, 2015
[Redacted]	
[Redacted]	
[Redacted]	

This is to show that Tom Smith *has* *has not* received help from the State of New Mexico.
Este documento verifica que Tom Smith *recibe* *no recibe* ayuda desde el Estado de Nuevo México.

Cash Assistance in the amount of:
Asistencia en Efectivo con la cantidad de: \$ [Redacted]

For the month(s) of:
Por los meses de: September thru December 2017

Total months of TANF cash assistance received:
Total número de meses que recibió asistencia en efectivo TANF: [Redacted]

SNAP benefits in the amount of:
Beneficios del Programa de Ayuda de Nutrición Suplemental con la cantidad de: \$ [Redacted]

For the month(s) of:
Por los meses de: September thru December 2017

Medicaid for the month(s) of:
Medicaid en el(los) mes(es) de: September thru December 2017

No record of above.
No hay historia de registros.

COMMENTS:
COMENTARIOS:

Eligibility Worker Name/ Firma de Trabajador(a) de Elegibilidad:	John Smith
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