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## Manual Revision Memorandum

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ISD-MR 17- 28

**TO:** ISD Employees

**FROM:** Mary Brogdon, Director   
Income Support Division

**RE:** Forms Manual Revision for ISD 150e –  
Request to Delete Claim Amount

**DATE:** December 1, 2017

The "Request to Delete Claim Amount" Form ISD 150e has been updated, revised and renamed "Request to Adjust/Close Claim" to capture the appropriate claim information needed by the Restitution Services Bureau.

Two new reasons for the establishment of the overpayment have been included as well as additional changes to ensure the correct overpayment is identified and addressed.

The December 1, 2017 version of the ISD 150e is not available in ASPEN. This form is only accessible on the ISD Forms Drive. This form is to be completed manually and scanned into ASPEN as unprocessed into the Restitutions Queue.

### Instructions:

**Please delete all previous versions of this form and replace as indicated below:**

**Delete** – ISD 150e *Request to Delete Claim Amount*  
Revised 04/11/2013 and any other Revisions

**Replace with** – ISD 150e *Request to Adjust/Close Claim*  
Revised 12/01/2017

If you have questions regarding this MR, please contact Ronald Hedquist at (505) 827-8142 or via e-mail at [ron.hedquist@state.nm.us](mailto:ron.hedquist@state.nm.us).

Attachments: Instructions for ISD 150e, ISD 150e Request to Adjust/Close Claim form



NEW MEXICO HUMAN SERVICES DEPARTMENT

Income Support Division
P.O. Box 2348
Santa Fe, New Mexico 87504-2348

REQUEST TO ADJUST/CLOSE CLAIM

DATE: December 1, 2017

TO: Restitution Services Bureau
P.O. Box 2348
Santa Fe, NM 87504-2348

Restitution Only
Date Action Taken:
By:

FROM:

CLAIM INFORMATION

Table with 4 columns: Client's Name, Case Number, Client's ID Number, Claim Number; Category of Assistance, Date Established, Begin Date, End Date.

ACTION TO BE TAKEN

Please close out the claim.
This Claim was established in error.
This Claim was established by system error.
This Claim was established by system updates.
This Claim was established with an incorrect claim amount.
The correct claim amount should be \$
Explain in detail as to why this action is to be taken:

Table with 4 columns: Supervisor, Supervisor Signature, Phone Number (Ext), Date; Worker, Worker Signature, Phone Number (Ext), Date.