



---

## Interim Policy & Procedure Memorandum

---

ISD-IPP 14-08

TO: ISD Employees

FROM:  Marilyn Martinez, Acting Director, Income Support Division

RE: Guidance for Student Eligibility for the Supplemental Nutrition Assistance Program (SNAP)

DATE: September 19, 2014

This IPP expands the definition of a student for purposes of SNAP eligibility in accordance with the Agriculture Act of 2014 (the Act). This IPP supersedes regulation at 8.159.400.11A(2) NMAC. NMAC will be updated to reflect these changes upon the issuance of the final regulations from the United States Department of Agriculture Food and Nutrition Services.

Effective upon issuance, the following will be applied when an applicant or recipient identifies that they are a student either with a new application, interim report, or recertification. The definition of enrollment is being clarified to reflect that students attending an institution of higher education that are enrolled in one of the following types of programs are not considered a student for the purposes of SNAP eligibility:

1. a program that meets the definition of a Career or Technical Education ;
2. adult basic education;
3. remedial courses;
4. literacy, or
5. English as a second language.

For purposes of this rule a career or technical education program are defined as organized educational activities that:

1. Offer a sequence of courses that:
  - a. Provides individuals with coherent rigorous content aligned with challenging academic standards and relevant technical knowledge and skills needed to prepare for further education and careers in current or emerging professions;
  - b. Provides technical skill proficiency, an industry recognized credential, a certificate or associates degree; and
2. Includes competency based applied learning that contributes to the academic knowledge, higher-order reasoning and problem solving skills, work attitudes, general employability skills, technical skills, and occupancy specific skills and knowledge in all aspects of an industry, including entrepreneurship, of an individual.

The key factors within this definition are that the program prepares the individual for direct employment, it offers a technical skill, an industry recognized credential, a certificate or a degree and that it provides occupation specific skills.

Programs may include but are not limited to:

Certificate programs –network systems, nursing assistant

Technical skill – welding or plumbing

Associates Degree – Nursing;

Upon identification that an applicant or recipient is attending school, the caseworker will provide the HUMAD and the FSP 420 form, dated September 19, 2014 to the applicant/recipient to be completed by the school's Budget and Admissions office. The Financial Aid and Budget Verification for Students, Form FSP 420 has been revised to include appropriate check boxes to reflect the updated policy.

Once the FSP 420 is returned, review the document to identify the financial aid sources, the eligibility and/or receipt of federal work study and the individual's enrolled course of study. If the individual is enrolled in one of the above organized educational activities they are considered an "eligible student" for purposes of SNAP.

These individuals should be coded in ASPEN as follows to ensure that the eligibility is determined appropriately:

In ASPEN, on the left navigation screen: select "Data Collection" > "Individual Information"> "Education" to complete the data entry.

Ensure you complete the Highest Level of Education Completed, Verification, Enrollment Status, and Type of Educational Institution and most importantly, the Enrolled in training program must be selected with "Yes." The "Yes" response is the key factor to allowing ASPEN to follow the policy logic to make the appropriate eligibility determination.

Education Details			
* Highest Level of Education Completed:	High School Grad/GED completed	* Verification:	Client Statement
* Enrollment Status:	Full-time	H.S. Diploma required?	
Type of Educational Institution:	College or University		
Enrolled in training program?	YES	Select "YES"	
Enrolled in program or work study?	NO		
Does individual have an active IEP with school?	UNKNOWN		
Will the curriculum lead to a high school diploma or GED?			
Able To Work?	UNKNOWN	If No, Verification:	

If there are questions regarding this IPP please discuss with your Regional Operations Manager.

**RESCINDED**  
**09/01/2017**

**Refer to NMAC 8.139.400.17**



**INCOME SUPPORT DIVISION  
Financial Aid and Budget Verification for Students**

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

I, \_\_\_\_\_, Case Number: \_\_\_\_\_, am applying for or receiving assistance from the State of New Mexico. I do hereby waive my FERPA rights and authorize you to release the information requested below for: Semester/Year \_\_\_\_\_.

Caseworker Signature	Date	Student Signature	Date
----------------------	------	-------------------	------

\*\*\*\*\*PLEASE LIST BUDGET AND AID FIGURES FOR THE \_\_\_\_\_ TERM ONLY \*\*\*\*\*  
IF A BUDGET SHEET IS AVAILABLE, PLEASE ATTACH A COPY

STUDENT'S BUDGET		STUDENT'S TOTAL EDUCATIONAL AID		ANTICIPATED DATE OF RECEIPT	ARE MONIES DISTRIBUTED TO STUDENT OR DIRECTLY TO SCHOOL?
Tuition and Fees	\$	PELL Grant	\$		<input type="checkbox"/> Student <input type="checkbox"/> School
Books and Supplies	\$	SEOG/SSIG	\$		<input type="checkbox"/> Student <input type="checkbox"/> School
Transportation	\$	Stafford Loan	\$		<input type="checkbox"/> Student <input type="checkbox"/> School
Personal Expenses	\$	Perkins Loan	\$		<input type="checkbox"/> Student <input type="checkbox"/> School
Shelter, Food	\$	PLUS or SLS Loan	\$		<input type="checkbox"/> Student <input type="checkbox"/> School
Child Care	\$	Scholarships	\$		<input type="checkbox"/> Student <input type="checkbox"/> School
Other:	\$	Work Study	\$		<input type="checkbox"/> Student <input type="checkbox"/> School

How often will aid be received?

Begin Date:

Is student assigned or placed by JTPA?  Yes  No

Graduation Date:

<b>Work Study</b>	EMPLOYMENT UNDER A <input type="checkbox"/> STATE WORK STUDY PROGRAM OR <input type="checkbox"/> FEDERAL WORK STUDY PROGRAM	Date began working _____
	Job Assignment is with _____	Hourly rate of pay _____
	Is Work Study Title IV authorized? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone number to call to verify the student's gross monthly income _____
	Information Provided By (Completed by School Representative) <b>FINANCIAL AID OFFICE</b>	

Name/Signature	Title	Date	Phone Number
----------------	-------	------	--------------

**ADMISSIONS OFFICE:** Please check the box that defines the students current enrollment.

THE STUDENT IS ENROLLED <input type="checkbox"/> FULL TIME <input type="checkbox"/> HALF TIME <input type="checkbox"/> LESS THAN HALF TIME
THE STUDENT IS ENROLLED IN _____ PROGRAM:
THE PROGRAM <input type="checkbox"/> DOES <input type="checkbox"/> DOES NOT RESULT IN A CERTIFICATE; INDUSTRY CREDENTIAL; TECHNICAL SKILL PROFICIENCY or an ASSOCIATES DEGREE.
THE PROGRAM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT A CAREER OR TECHNICAL PROGRAM.
THE PROGRAM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT ADULT BASIC EDUCATION.
THE PROGRAM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LITERACY OR ENGLISH AS A SECOND LANGUAGE
THE PROGRAM <input type="checkbox"/> IS <input type="checkbox"/> IS NOT LIMITED TO REMEDIAL COURSES.

Name/Signature	Title	Date	Phone Number
----------------	-------	------	--------------

**INSTRUCTIONS FOR THE USE OF FORM  
FSP 420  
Financial Aid and Budget Verification**

**PURPOSE**

The Financial Aid and Budget Verification form, FSP 420, form is completed by the School the applicant/recipient is enrolled currently. This form serves as verification for financial aid and enrollment status and is given to all students who are applicants/recipients.

**PROCEDURES**

The Income Support Division eligibility worker reviews form with client at interview. The applicant/recipient takes form to school for completion by Financial Aid Department and/or Admissions office.

**INSTRUCTIONS**

The ISD eligibility worker and applicant complete the information at the top of page of the form including applicant name, case number, date, semester/year, school, and worker name.

Middle section of page one is completed by the school representative from the Financial Aid Department. This should include all expenses in the student's budget, all educational aid for the student, date, direct to school or student, work study status/type, and name, title, phone number of representative.

Bottom section of page is completed by the school Admissions office. It should be completed as follows:

- Identify if the student is enrolled full, half, or less than half time as defined by the institution.
- Identify if the program does or does not require a high school diploma or GED.
- Identify if the program is or is not a Carl Perkins Program.
- Identify if the program does or does not result in a certificate, industry credential, technical skill proficiency or an associates degree. Identify if the program is or is not one of the following: remedial courses, adult basic education, literacy or English as a Second Language.
- The form shall have the name, phone, title/position of representative, and date.

**DISTRIBUTION**

Original -Applicant

Copy -ISD Case Record