



New Mexico Human Services Department
 Income Support Division
 {County Office Name}
 {City, State, Zip}
 {Telephone Number/Fax Number}

{SSN}
 {Geo/admin}

Date:

{Case First Name} {Case Last Name}
 {Mailing Address1}
 {Mailing Address 2}
 {City}, {State} {Zip}



Renewing Your *SNAP Benefits is a snap! 1 – 2 – 3
Medicaid and Cash too!

According to our records, your {Category of Assistance} benefits are due to expire {Month Due}. Did you know you don't have to visit our office to renew your benefits? You can now complete your renewal by telephone. **Please follow steps 1, 2 and 3 below.**

* SNAP is the new name for the Food Stamp Program – Supplemental Nutrition Assistance Program.



1

Fill out and sign the form that came with this letter.

Attach proof of:

- ✓ **Money** your household receives from the most recent 4-weeks or all income from last month
- ✓ **What your household pays for things** like -
 - Court ordered child support from the last 3 months
 - Medical expenses for household members age 60 + or disabled.

2

Deliver by mail, fax or in person your renewal application with attached proof, to your local Income Support Division office **within 10 days but no later than {Month Due 15th, Year}** to receive continued benefits.

Mail

{County Office Name}
 {City, State, Zip}
 {Telephone Number/Fax Number}

Fax

{County Fax Number}



3

CALL {County Office Phone Number}

Within 5 days after you provide your application to schedule a quick telephone interview and complete your renewal.

If You Request A Hearing: If you don't agree with a decision we make about your case, you can ask for a hearing in person, by telephone (1-800-432-6217 Option 6) or in writing. You have a right to look at your case file and any records HSD used to determine your case before your hearing. You can ask a household member or someone else like a friend or relative to represent your household at the fair hearing. You also have the right to have an attorney or other legal representative represent you at the hearing.

Your Civil Rights: All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, sex, age, religion, political beliefs, or disability, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Department central office or the local Human Services county office. Complaints of discrimination about the Food Stamp Program may be filed the USDA, Director of Civil Rights, Room 326-W, Whitten Bldg., 1400 Independence Ave. SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD)

Do you need help completing this application?

- If English is not your first language, or if you have problems hearing: We can provide you with someone who can help you understand the questions at the interview. This service is also available at other times if you need to report changes or have questions about your case.
- If you would like someone else to fill out this form for you: If you need help filling out this form, getting your food stamps and using your food stamps, you may let someone else do this for you. The person who helps you is called an Authorized Representative. You can also call the number on the form of this letter for help.

If you have a disability: If you are a person with a disability and you need this information in an alternate format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department at 1-800-432-6217 or TDD 1-800-609-4TDD or through the NM Relay System TDD at 1-800-659-8331. The Department requests at least 10 days advance notice to provide alternative formats and special accommodations.

Your Privacy: We only ask for the information we need to determine if you can get help. You can choose to give us information. However, if you don't give us the information we need, you may receive less benefits or no benefits. We also check with other agencies and the federal Income and Eligibility Verification Service (IEVS) about the information you give us. If someone in your home is a fleeing felon, we may also tell law enforcement.

Social Security Numbers: The Food Stamp Act of 1977 as amended by Public Law 97-98(7USC 2025 (e) and the Social Security Act (42 U.S.C. Sec 602(a)(25)) make it a condition of eligibility for food stamp benefits that each person for whom assistance is provided report his social security number. The number is used in administration of the program to determine identity, to prevent duplicate participation, to verify income and resources, and other related activities.

Assignment of Rights to Payment – Medicaid: I understand that by getting Medicaid benefits for myself and/or other persons, I automatically give HSD all rights to medical support and to payment for medical care from a third party. A third party can include an absent parent, an insurance company, or another person who must pay for medical care and services. I understand that I must help HSD:

- Identify the father of a child who gets Medicaid and who was born outside of marriage, and
- Identify any third parties who may have to pay for medical care and services.

I understand that if I do not help HSD, I may not get Medicaid or may lose my benefits, unless I can show a good reason for not helping HSD.

Release of Medical Information: I give permission for medical information about me, or about the person(s) for whom I am applying for Medicaid, to be released to HSD. I understand that such information includes both social and medical history and the results of any laboratory tests or examinations, except for information protected from disclosure by law. I understand that this information is handed in connection with assistance for which I am applying and will be used by HSD's contractors who review medical services and pay Medicaid bills