

INCOME SUPPORT DIVISION
CENTRAL ASPEN SCANNING AREA

P.O. BOX 830

BERNALILLO NM 87004

PHONE NUMBER: (800) 283-4465 **FAX NUMBER:** (855) 804-8960



32300001363501000000Y

Case Number: 123040948

Date: November 12, 2022 Revision Date: ISD 205 April 11th, 2020

FAITH E CRUZ 124 ADAMS ST CLAYTON NM 88415

Notice to Client

Dear Faith E Cruz,

The New Mexico Human Services Department Income Support Division will give you more SNAP benefits. This is due to the COVID-19 pandemic. It is added to your normal SNAP and lets you get the full amount of SNAP benefits for your household size. This is \$95.00 for November 2022.

The department asks that you use this money to buy enough food to stay home. They ask that you use it to continue social distancing and limit your exposure to other people.





Notice of Rights



Special Needs Information If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

Your Civil Rights Nondiscrimination Statement

Submit your completed form or letter to USDA by:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the <u>USDA Program Discrimination Complaint Form</u>, (AD-3027) found online at: http://www.ascr.usda.gov/complaint-filing-cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington,	(2) fax: (202) 690-7442 (3) email: program.intake@usda.gov	
D.C. 20250-9410	This institution is an equal opportunity provider. (Revised 10/14/15)	

To file a complaint through HSD of discrimination and/or rude treatment regarding a program receiving Federal or State financial assistance, a complaint form is available at the ISD office or you may write to: NM Human Services Department, ISD Civil Rights Director, P.O. Box 2348, Santa Fe, NM 87504-2348 or by fax (505) 827-7241.

Confidentiality

All information you give to HSD is confidential. This information will be given to HSD employees who need it to manage the programs for which you have applied. Confidential information may also be released to other federal and state agencies. All information will be used to determine eligibility and/or to provide services. (Revised 07/15/14)

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law. If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. You do not need to be a U.S. Citizen to apply.

Non-citizen immigrants not requesting assistance for themselves, do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household's eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask ISD.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.



Revision Date: March 21st. 2021

FAIR HEARING REQUEST

Mailing Address: 124	4 Adams St	Date: NOVEMBER 12, 2022		
Cla	ayton	Name: Faith E Cruz		
NIV	1 88415	Case Number: 123040948		
I do not agree with an	action on my case. I am asking for a fair hearing in the follow	ving program(s).		
SNAP or E&T	□ Cash Assistance or NM Works (TANF)	□ LIHEAP		
☐ General Assistan	ce	■ Medicaid		
(Unrelated Child & Disabled Adult)				
If my benefits were lowered or stopped:				
☐ I want to keep getting the same amount of benefits while I wait for a fair hearing decision. I understand if the hearing decision is not in my favor, I may have to pay back any benefits I received while waiting for the hearing and the decision.				
☐ I DO NOT want to keep getting the same amount of benefits while I wait for a fair hearing decision. (For more information on the fair hearing process see the other side of this form.)				
Please write down your reason(s) for asking for a fair hearing and why you think the action taken was wrong. Give as much				
Client or Authorized R	Representative Signature:	Date:		

You can leave this form at any Income Support Division and it will be delivered to the Fair Hearings Bureau or you may send it or fax it to:

HUMAN SERVICES DEPARTMENT - FAIR HEARINGS BUREAU PO BOX 2348 SANTA FE, NM 87504-2348 FAX # (505) 476-6215

When the Fair Hearings Bureau in Santa Fe receives your hearing request, you will be sent a notice confirming that your request for hearing was received. You will receive a second notice with information about the date and time of your hearing and the phone number you need to call for the hearing. If you have any questions about your hearing rights, call NM Legal Aid at (833) LGL-HELP ((833) 545-4357).





YOUR RIGHT TO A FAIR HEARING

Revision Date: March 21st, 2021

What is a Fair Hearing and why should I ask for one?

A Fair Hearing gives you the chance to explain why you think there has been a wrong decision made about your benefits. Hearings are held over the phone with a hearing officer. The hearing officer will hear information from you and from the Income Support Division and decide whether the decision was right or wrong.

Can I get help with my hearing?

You can have a friend or family member participate in the hearing with you. You may also be able to get free legal help. To learn more about free legal help, call NM Legal Aid at (833) LGL-HELP ((833) 545-4357).

How long do I have to ask for a hearing?

You must request a hearing within <u>120 days</u> from the date of the adverse action you are appealing. You may be able to get more time to ask for a hearing if you have a good reason, like illness or another circumstance beyond your control.

Can I keep my benefits if I request a hearing?

If you are already getting benefits, you may be able to continue receiving benefits while you wait for your hearing if you request your hearing within <u>13 days</u> of the adverse action date.

For SNAP or CASH: If the hearing decision is not in your favor, you may have to pay back the benefits you received while waiting for your hearing.

How do I ask for a hearing?

You can request a hearing by filling out the information on the other side of this form and mailing or faxing it to:

HUMAN SERVICES DEPARTMENT - FAIR HEARINGS BUREAU PO BOX 2348 SANTA FE, NM 87504-2348 FAX # (505) 476-6215

You can request a hearing over the phone by calling (800) 283-4465. You can also request a hearing in person at any Income Support Division office.

Special Needs Information



If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the Human Services Department, American Disabilities Act (ADA) coordinator at (505) 827-6201 or through the New Mexico Relay System TDD at (800) 659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/15/14)

If you need an interpreter

You have a right to a free interpreter. Let the Human Services Department (HSD) know if you need an interpreter before or during the hearing by calling: (800) 283-4465.