



Application Report

Application Number	Application Submitted		
T25253408	12/01/2022 09:51 PM		
Tell Us About You			
Name	What is the best time to call you during the week?		
Jessica Padilla	You did not make a selection		
Phone Number			
Phone Number			
(505) 985-4113			
Message Phone Number			
An answer was not provided			
TDD Number			
An answer was not provided			
Mailing Address			
Address	City	State	Zip Code
597 Bernard Ave	Belen	New Mexico	87002-3517
Attn/Care Of			
Jessica Padilla			
Do you need help filling out this application?			
No			
Are you homeless right now?	Please tell us if you need special accommodations		
Yes	Transportation		
Would you like to receive all your notices electronically?	Email		
Yes	gchhhhfc52@gmail.com		
Language for letters:	Spoken language:		
English	English		
Do all the adults in your household speak the same language as you?	Are any adults living with you fluent in English?		
Yes	Yes		
If you are applying for a program that requires an interview, do you prefer a telephone interview?			

Yes

Do you have an Authorized Representative?

Do you have an Authorized Representative?

No

People Who Live With You

Jessica Padilla

Gender

Female

Date of Birth

04/10/1987

Social Security Number (optional)

525-85-0421

Race (optional)

You did not make a selection

Ethnicity (optional)

You did not make a selection

Is this person a resident of New Mexico?

Yes

Does this person intend to remain in New Mexico?

Yes

Are you a U.S. Citizen or U.S. National?

Yes

Are you a Naturalized or derived U.S. citizen?

Yes

Numerical Identifier (A-Number or I-94 Number)

An answer was not provided

Certificate Number

An answer was not provided

Where does this person live?

Homeless

Is Jessica Padilla unable to prepare his/her own meals?

No

Is this person already in or going into a nursing home, hospital or treatment facility?

No

Types of Assistance You Are Applying For

Do you want help getting health insurance and/or paying for healthcare? Yes	Would you like to see if you and the others in your household qualify for additional healthcare options? No
Help getting health insurance and/or paying for healthcare for:	Jessica Padilla
Do you want help paying for food? Yes	
Help paying for food for:	Jessica Padilla
Do you want help paying for heating/cooling of your home? Yes	
Help paying for heating/cooling for:	Jessica Padilla
Do you want help paying for your home water service? Yes	
Help paying for water service for:	Jessica Padilla

Do you want help paying your Medicare premiums and copays? Yes	
Help paying Medicare premiums for:	Jessica Padilla
Do you want temporary cash assistance and work support? An answer was not provided	

Getting Faster Service for Food Assistance Program

Have you received Food Assistance benefits or Food Stamps this month? Yes	If yes, are you living in a shelter for battered women? No
What is the total amount of money the people in your home will get this month? An answer was not provided	What is the total value of any assets that belong to the people in your home? An answer was not provided
How much will the people in your home pay for housing this month? An answer was not provided	Is your household a migrant or seasonal farmworker household with very little money? No

Which of the following utilities do the people in your home pay for? Heat/Cooling, Water/Sewer/Garbage, Telephone	
--	--

Identity Verification

Result	Identity has been verified successfully
Explanation	We have successfully verified your identity.

Authorized EBT Card User

Do you want to allow another person to use your EBT card on your behalf?

No

Benefits in Other States

Does Jessica Padilla get benefits in another state? No

Pregnancy

Is Jessica Padilla pregnant?

No

Tax Information

Jessica Padilla

Does Jessica plan to file a federal income tax return next year?

No

Does Jessica have any tax dependents?

No

Is Jessica claimed as a tax dependent on someone else's tax return?

No

Earned Income

Is anyone receiving or expecting to receive earned income this month?

Yes

Jessica Padilla

Type of Employment

Job Employment

Employment start date

10/01/2021

Amount of pay received

\$161.00

Average number of hours worked per pay period

14

Frequency of pay

Weekly

Date of last payment

01/31/2022

Name of Employer

1st Care of NM LLC

Do you expect this employment to continue for the next 30 days?

An answer was not provided

Address

An answer was not provided

City

An answer was not provided

State

N/A

Zip Code

An answer was not provided

Salary Gross Pay, By gross amount we mean the amount before taxes or anything else is taken out.

An answer was not provided

Additional Pay Hours, How many hours per week are at a different rate of pay.

An answer was not provided

Additional Pay average rate

An answer was not provided

Bonus, Commission or Overtime pay.

An answer was not provided

An answer was not provided

An answer was not provided

An answer was not provided

Is this position currently on strike

An answer was not provided

End date

An answer was not provided

What is the date of final paycheck?

An answer was not provided

What is the amount of the final paycheck?

An answer was not provided

Why is job ending?

You did not make a selection

Unearned Income

Does anyone in your household expect to get money from another source? (That is, not from a job?)

No

Work in Exchange for Goods and Services

You did not provide any work in exchange for goods and services

Changes in Income

Does Jessica Padilla's income change from month to month?

No

Other Health Insurance

Do any of the people in your household have Medicare?

No

Do any of the people in your household have health insurance? (This could be Medicaid. It could be Medicare. It could be private health insurance.)

No

Unpaid Medical Bills

Individual's Name

Jessica Padilla

November

No

October

No

September

No

Managed Care Organization Selection

Would Jessica Padilla like to select an MCO? (Optional)

No

School Attendance

You did not make a selection

Disabled Applicants

No one selected

Veteran Information

Jessica Padilla

Is this person a veteran?

No

Is this person currently on active duty?

No

Is this person receiving VA healthcare benefits?

No

Is this person a child of a deceased veteran?

No

Is this person 100% disabled?

No

Has this person applied for VA healthcare benefits?

No

Is this person the spouse of a deceased veteran?

No

Assets

Does anyone requesting benefits have any resources or assets?

No

Real Property Sales	
Did anyone requesting benefits sell any homes, lots or land?	
No	
Monthly Expenses	
Failure to report or verify any of the below listed expenses will be seen as a statement by your household that you do not want to receive a deduction for the unreported expense.	
Medical Expenses	
You answered "no" or did not make a selection	
Shelter Details	
You answered "no" or did not make a selection	
Heating/Cooling Expenses	
Name of Individual Paying the Bill	
Jessica Padilla	
Do you pay for heating or cooling?	I need LIHEAP for:
Yes	Heating
Telephone Expenses	
Water/Sewer/Trash Expenses	
Name of Individual Paying the Bill	Utility Type
Jessica Padilla	Water/Sewer/Garbage
Child/Dependent Care Expenses	
You answered "no" or did not make a selection	
Child Support Expenses	
You answered "no" or did not make a selection	

Assistance With Energy Costs

With which type of payment do you want assistance?

Electricity

What is your utility bill amount?

\$160.00

How many days does the above bill amount cover?

30

What is your highest energy bill in the last 12 months?

An answer was not provided

Are you in subsidized housing?

No

Are your utility bills included in your rent payment?

No

What is the name of the energy company?

PNM

Provider ID

200

What is the name on the account?

Phillip Padilla

Account Number:

N/a

Is this a shared meter?

No

Is this used for a business?

No

Getting Faster Service for Energy Assistance Program

Do you have an energy emergency?

No

Is this energy emergency life threatening?

An answer was not provided

Do you have any energy usage other than what you are requesting LIHEAP benefits with?

No

Reason

I am homeless

Assistance With Water Service Costs

Service Request Type

Arrears - your water account is in arrears and service is in danger of being disconnected

What is your current water/wastewater bill amount?

\$0.50

How many days does this bill amount cover?

30

Are you in subsidized housing?

No

Is your water bill included in your rent payment?

No

What is the name of the water company?

CITY OF BELEN

Provider ID

504

What is the name on the account?

Phillip Padilla

Account Number:

26010010170

Is this a shared water meter?

No

Is this water service used for a business?

Yes

Getting Faster Service for Water Assistance Program

Do you have a water/wastewater service emergency?

Yes

Water Emergency reasons

- Disconnection Notice - your water supplier has NOT turned off your services, but is warning you they will if not acted upon

Food Assistance (SNAP)

Is anyone in the household a fleeing felon?

No

Has anyone been convicted of any of the felonies in the section below?

No

Has anyone in the household been convicted of receiving duplicate SNAP benefits?

No

Has anyone in the household voluntarily quit a job in the last 30 days?

No

Has anyone in the household had their work hours reduced to less than 30 hours per week in the last 30 days?

No

Is anyone in the household in violation of probation or parole?

No

Have you or any member of your household been convicted of buying or selling SNAP benefits over \$500 after September 22, 1996?

No

Has anyone in the household been convicted of trading SNAP benefits for guns, ammunition, or explosives after September 22, 1996?	
No	
Is anyone in the household receiving FDPIR (Food Distribution Program on Indian Reservations)?	
No	
Is this household on a Native American reservation?	
No	
Is anyone in the household paying room and board?	
No	
Has anyone in the household been disqualified from an assistance program?	
No	
Is anyone in the household a worker on strike or lockout?	
No	
Do you have an EBT card?	
Yes	

Document Uploads
Upload Supporting Documents
An answer was not provided
Voter Registration
Do you want to register to vote?
No

Electronic Signature

Your signature makes this application valid and cannot be processed unless signed. Your signature also is an indication of the following:

• **I know that if I make false statements, I could face state and federal penalties. I know that if I hide information, I could face those penalties. I have given HSD true, correct, and complete information.**

• **Privacy Act statement:** The collection of the application information, including the social security number (SSN) of each household member, is authorized under the Food Stamp Act of 1977, as amended, 7 U.S.C. 2011-2036. The information will be used to determine whether your household is eligible or continues to be eligible to participate in the Food Stamp Program. We will verify this information through computer matching programs. This information will also be used to monitor compliance with program regulations and for program management. This information may be disclosed to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of apprehending persons fleeing to avoid the law. If a food stamp claim arises against your household, the information on this application, including all SSNs, may be referred to Federal and State agencies, as well as private claims collection agencies, for claims collection action. Providing the requested information, including the SSN of each household member, is voluntary. However, failure to provide an SSN will result in the denial of food stamp benefits to each individual failing to provide an SSN. Any SSNs provided will be used and disclosed in the same manner as SSNs of eligible household members.

• The filing date is different if the household is in an institution and applying for SNAP and SSI at the same time. The filing date will be the date of release from the institution.

• I am declaring the identity of the children under age 16 for whom I am applying.

• If asked, I will give proof of things I report to HSD. If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people, and companies to get proof.

• I will let HSD give limited information to approved agencies that offer related assistance for which I may be eligible.

• I understand that if I receive benefits for which I am not eligible, that I may have to pay HSD back for those benefits.

• I know that HSD will check the information that I give. HSD may use computers or other ways to check the information on this form.

• I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration status for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household's eligibility and level of benefits.

• I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.

• I have been given an information sheet explaining my rights and responsibilities including, expedited SNAP/food assistance, SNAP/food penalties and program violations, fair hearing rights and more. I understand that these will also be explained to me during my appointment for an interview.

• I understand that by providing the account numbers for my household energy supplier(s) I am authorizing the energy provider(s) to provide details about the account and energy use to HSD for the purposes of eligibility and determination of this and future applications, benefit determination, and program evaluation and analysis.

• I understand that by providing application information I am authorizing HSD and its authorized agents to share and report the data provided against federal, state, county, energy provider, employer and landlord databases or records.

• I understand if eligible for energy assistance benefits, I may be referred to other residential energy programs.

• I understand the information collected on this form may be disclosed to energy programs operating under HSD. HSD may share and use information collected for purposes of referral, research, evaluation and analysis.

• I understand that my utility companies will not have control over the data disclosed pursuant to this consent, and will not be responsible for monitoring or taking steps to ensure that HSD maintains the confidentiality of the data or uses the data as authorized.

• **TRUSTS** - I understand that if I, or the person(s) for whom I am applying, have set up a trust, or are the beneficiaries of a trust, I must give HSD a copy of the trust document, including all attachments and related information. HSD will analyze the trust to see if it affects the Medicaid benefits for which I am applying.

• **ESTATE RECOVERY** - I understand that, after my death, HSD can file a claim against my estate to recover the amounts that the state pays or paid on my behalf for medical assistance provided under the Medicaid program. This process is called "Estate Recovery." "Estate Recovery" is required by federal and state law where Medicaid recipients are 55 years of

age or older and the state makes medical assistance payments on their behalf for nursing facilities services, home and community based services, and/or related hospital and prescription drug services. The amount recovered by HSD will not exceed the amount of medical assistance payments made on behalf of the Medicaid recipient. Some exclusions may apply.

- I understand that I must give HSD any money I receive for medical services which have already been paid for by Medicaid. If I fail to do so, I, or the person(s) for whom I am applying, may lose Medicaid coverage for at least one year and until the amount owed to Medicaid has been paid back in full.
- A person who is applying for or receiving Medicaid or Cash Assistance shall assign to HSD all rights against any and all individuals for medical support or payments for medical expenses paid on the applicant's or recipient's behalf and the behalf of any other person for whom application is made or assistance is received.
- For parents who qualify for Medicaid: I know I will be asked to cooperate with the agency that collects medical support from an absent parent. If I think that cooperating to collect medical support will harm me or my children, I can tell the Child Support Enforcement Division (CSED) and I may not have to cooperate. Non-cooperation with CSED may result in termination of my Medicaid eligibility.

By checking this box and typing my name below, I am electronically signing my application.		
Checked		
First Name	Middle Name	Last Name
Jessica		Padilla

Program Application Information

Pages

You may keep this information for
your records

1. 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 1-505-827-7701 or through the New Mexico Relay System TDD at 1-800-659-1779 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (Revised 09/10/15)

2. Your Civil Rights/ Nondiscrimination Statement

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination 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 USDA Program Discrimination Complaint Form, (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. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW

Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider. (10/14/2015)

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.

3. 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. 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 a claim is established against your household, 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 SSNs for household members that you are applying for. You do not need to be a U.S. Citizen to apply. Non-citizen immigrants who are not requesting assistance for themselves do not need to give immigration status information, SSNs or other similar proofs; however, they must give information about their income because part of their income and things they own may count towards the households eligibility for assistance. Certain benefits may be available for people without a SSN; ask ISD. Immigration information will not be shared with any immigration enforcement agency.

HSD will 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. (9/10/2015)

4. Child Support Enforcement Division

By accepting cash or medical assistance, you assign (give) HSD rights to collect child support from the child's absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so such as domestic violence; ask a caseworker. If you fail or refuse to work with the Child Support Enforcement Division (CSED) office, your cash benefits will decrease and eventually the case will close, and adults in the household may lose their medical assistance.

5. Interview

Most medical assistance programs that you can apply for with this application do **not** require an interview.

(a) For SNAP/Cash how soon can I have my required appointment for an interview?

- Within 10 working days for SNAP/food and cash assistance, or for expedited SNAP/food assistance, from the day your application is received by the office. Applications received after business hours will be considered received as of the next business day.
- Most Medical assistance programs do not require an interview.

(b) May I have a telephone interview?

If your category of medical assistance requires an interview, we will do the interview by telephone unless you want us to do it in-person.

For SNAP/Cash, you may have a telephone interview for any of these reasons:

- Disability
- Age 60+
- Live too Far from Office
- Illness
- Working 20 or more hours/week
- Transportation
- Caring for a Child Under Age 6
- Bad Weather
- Caring for Others
- Other Hardships, please talk to ISD

6. Proof Information

HSD will check electronic data sources to see if it can verify your income and other information you provided on this application without requiring paper documentation. If HSD cannot verify your income and other information through electronic data sources, then HSD will ask you to provide proof of the information you provided on your application. You will receive a letter in the mail asking you for this information. If you need more time to provide proof to HSD, you may ask for more time by contacting ISD.

What proof should I bring to the interview for SNAP or Cash?

During your interview appointment, your caseworker will ask you questions to determine if you are eligible for the programs for which you have applied. Your caseworker will **NOT** ask you to give proof of everything. You should be ready to give as many facts about your case as you can. Please refer to the chart below called, Examples of Proof as a general guide to help you decide which proof items you will need. If your caseworker has unresolved questions about your eligibility, you will be asked to give proof. You will be given a list of everything you still need to give, along with a receipt for proof you provided. If you need help, it is the Department's responsibility to help you, providing you are cooperating.

Verification of:	SNAP/food	Medical			Cash	Energy/LIHEAP	Examples of Proof You May be Asked to Give HSD
		Family or Adult	Child Only	Elderly/Disabled			
▪ Where you Live	✓	✓	✓	✓	✓	✓	Utility bill, Rent agreement, letter addressed to you at your address
▪ Social Security Number							Social Security card or letter from the Social Security Administration (SSA) with your name & number
▪ Identity	✓			✓	✓	✓	You may give any of these if they prove identity, relationship or age: Driver's License, Social Security card, Birth or baptism certificate(s), Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records or family bible, letter from a Dr., religious or school official, or someone who knows you, the child's relationship to you and knows the child's date of birth. Note: The Medicaid program will require specific identification proof.
▪ Relationship					✓		
▪ Age							
▪ U.S. Citizenship		✓	✓	✓			Most programs do not require proof of U.S. Citizenship. For medical assistance, the federal government requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.

							Proof of Citizenship and ID together <ul style="list-style-type: none"> ▪ A Passport ▪ A certificate of naturalization (Form 550 or N-570) ▪ A certificate of U.S. Citizenship (N-560 or N-561) ▪ A certificate of Indian Blood (CIB) 	Proof of Citizenship Alone <ul style="list-style-type: none"> ▪ U.S. birth certificate <p>If you were born in New Mexico, HSD may be able to help you by checking with the Department of Health, Vital Records. Please give your caseworker your name, date of birth, county of birth, sex, mother's first and maiden name to get this help.</p>
▪ Immigrant Status	✓	✓	✓	✓	✓	✓	If you are an immigrant applying for assistance, you may have to provide original USCIS (formerly the INS) records.	
▪ Disability				✓	✓	✓	Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.	
▪ Pregnancy					✓		Medical records that say when your baby is due	
▪ School Attendance							Current report card or letter from the school saying whether your child is attending school	
▪ College Student	✓				✓		Letter from the college saying that you are either a part-time or full-time student	
▪ Student Financial Aid	✓				✓	✓	Letter from the financial aid office stating what types and amounts of financial aid you get and the costs you will have to pay for your schooling	
▪ Income the most recent 30-day period or all from last month	✓	✓	✓	✓	✓	✓	Earned Income: Check stubs, a letter from the employer with the hours you will work and the pay you will get. If you are self-employed , you may give your caseworker a copy of your income tax forms, business records or personal wage records. Unearned Income: Copies of your check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc. Alternative Verification may be accepted; please talk to your caseworker.	
▪ Loss of a Job (60 days)	✓	✓	✓	✓	✓	✓	Letter from the employer	
▪ Value of Things You Own				✓			Resources/Assets: Recent bank statement or letter of value	
▪ Things You Transferred	✓			✓	✓		Recent statement or letter of value	
▪ Medicare Part A				✓			ID card or letter from Social Security Administration	
▪ Child Support Paid	✓						If you want a deduction for child support you pay, give proof of both the legal responsibility to pay and the amount paid. Any court or administrative order, or legal separation agreement may be used. For proof of the amount, use cancelled checks, wage withholding statements, verification of withholding from unemployment compensation or written statements from the custodial parent.	
Optional Proof —Below is a list of optional proof items that may help you can get the most benefits for which you are eligible. If there is no check in the box below then no proof is needed. To get credit, just tell us what you pay each month. You will only have to give proof if your caseworker has unresolved questions about your costs. If you are applying for energy/LIHEAP, please provide a copy of your heating/cooling cost. If you need help, it is the Department's responsibility to help you, providing you are cooperating.								
▪ Child/Adult Care Costs							You may give any of these if they prove your out-of-pocket costs: Agreement, computer printout, money order, letter from the person you pay, divorce or separation papers, statements, receipts, canceled check, copy of a check.	
▪ Medical Costs Elderly or Disabled only	✓			✓				
▪ Home Rent/Owner Costs								
▪ Heating/Cooling Costs						✓		

7. Non-Citizen Immigrant Eligibility

Many immigrants can get assistance residing in New Mexico. Some immigrants must have been in a certain status for 5 years before they can get assistance. There are many exceptions. Any lawfully residing child under the age of 21 or pregnant woman that meets all other eligibility requirements can get Medicaid right away. Some immigrants are eligible without a social security number. Even if you do not have an immigration status that qualifies you for Medicaid, you may be able to get Medicaid for emergencies. Ask a caseworker for more information. We keep your information private and only share information with other government agencies to see which programs you qualify for. Immigrants in one of the following statuses may be eligible for Medicaid or other assistance, if they meet other program requirements

1 – U.S. Citizen	2 – Lawful Permanent Resident (LPR/Green Card holder)	3 – Asylee	4 – Refugee	5 – Cuban/Haitian entrant; Iraqi or Afghan with special immigration status	6 – Paroled into the U.S. (for at least one year)
7 – Conditional entrant granted before 1980	8 – Battered spouse, child, or parent	9 – Victim of trafficking and his/her spouse, child, sibling, or parent	10 – Granted Withholding of Deportation or Withholding of Removal	11 – Member of a federally recognized Indian tribe or American Indian born in Canada	12 – Afghan or Iraqi Special Immigrant
13 – Qualified non-citizen	14 – Individual with non-immigrant status (including worker visas, student visas, and citizens of Micronesia, the Marshall Islands, and Palau)	15 – Paroled into the U.S. (for less than one year)	16 – Temporary Protected Status (TPS)	17 – Deferred Enforced Departure (DED)	18 – Deferred Action Status
19 – Lawful temporary resident (LTR)	20 – Granted an administrative stay or removal by DHS	21 – Granted Withholding of Removal under the Convention Against Torture (CAT)	22 – Resident of American Samoa	23 – Applicant for Special Immigrant Juvenile Status	24 – Applicant for Adjustment to LPR Status with an approved visa petition
25 – Applicant for Victim of trafficking visa	26 – Applicant for Asylum (with EAD or under age 14 with application pending for at least 180 days)	27 – Applicant Withholding of Deportation or Withholding of Removal (with EAD or under age 14 with application pending for at least 180 days)	28 – Registry applicant (with EAD)	29 – Order of supervision (with EAD)	30 – Applicant for Cancellation of Removal or Suspension of Deportation (with EAD)
31 – Applicant for Legalization under IRCA (with EAD)	32 – Applicant for Temporary Protected Status (TPS) (with EAD)	33 – Legalization under the LIFE Act (with EAD)	34 – Other/Unsure		

8. Social Security Number (SSN) Requirements

Why do I need to provide a Social Security Number (SSN)?

To get SNAP or Medicaid benefits you must have a Social Security number (SSN), or have applied for one, or have good cause for not applying for one [7 C.F.R. § 273.6 and 42 C.F.R. § 435.910]. All people in a household applying for SNAP benefits must give the ISD office their SSNs [7 C.F.R. § 273.6]. ISD must check the SSNs of everyone in the household with the Social Security Administration (SSA). ISD cannot delay or deny SNAP benefits while waiting to check a SSN [7 C.F.R. § 273.2]. If the applicant cannot remember their SSN or is unsure if they have one, they can contact SSA.

How will the Department use my SSN?

Prevent duplicate participation; to facilitate mass changes in benefits; to determine the accuracy of the information given by the household member; and the SSN(s) will be computer cross-checked with SSNs appearing in other personal data files what those files are, whether within the Department, in other governmental agencies. The Department will regularly use the SSN to obtain and use wage and benefit information from other sources for purposes of verifying eligibility for SNAP and the amount of SNAP benefits. These sources include, but are not limited to: any federal or state agency, providers under contract with the Department, welfare departments in other states; and banks and other financial institutions

What happens if I do not provide or do not have an SSN?

The household member who fails to provide or apply for SSN number without good cause will be disqualified and not receive benefits. [7 C.F.R. § 273.6] This disqualification applies only to that individual household member and not to the entire household. [Id.] The disqualified individual's income and resources can affect the entire household's benefit amount and eligibility. If the disqualified individual household member provides their SSN to ISD they may become eligible for benefits. If the disqualified individual household member provides proof of an SSN application, or good cause for why an SSN application was not completed, they may become eligible for benefits. [7 C.F.R. § 273.6]

When I would have good cause for not applying for an SSN?

Applicants without SSNs must apply for one before receiving benefits unless there is "good cause." [7 C.F.R. § 273.6] "Good cause" means that the person tried to apply for a SSN but cannot, yet. [7 C.F.R.

§ 273.6] For example, someone may have "good cause" if their Social Security office will not take his SSN application because he does not have proof of his age, and Social Security and must send away for his birth certificate. If the ISD office finds good cause for not trying to get a Social Security number, an applicant can get SNAP benefits for one month in addition to the month of application [7 C.F.R. § 273.6]. The ISD office will then decide if there is good cause for not applying for a SSN at the end of each month [7 C.F.R. § 273.6]. Eventually, either the applicant will get a SSN, or lack good cause for not applying for one.

9. After You Submit Your Application

(a) How soon will my application be approved or denied?

- **SNAP/Food** – No later than 30 calendar days after the date of application, or expedited SNAP/Food - 7 calendar days. If you do not get SNAP within 7 days, you have a right to ask for an informal conference to see why you were not given expedite food benefits.
- **Medicaid** – Most Medicaid applications must be processed no later than 45 calendar days after the date of application. If a disability determination is required by the Disability Determination Unit (DDU), then HSD has up to 90 days to process your application.
- **Cash** – No later than 30 calendar days after the date of application, or up to 90 days for General Assistance disability decisions
- **Energy/LIHEAP** – No later than 30 calendar days after the date of application, or shut-off/disconnect crisis – 48 hours

(b) If I disagree with the eligibility decision or benefit level, can I have fair hearing?

Yes - If you don't agree with a decision we make about your case, you can ask for a fair hearing in person, by telephone 1-800-432-6217 or (505) 827-8164, or in writing within 90-days of the date that a notice has been sent informing you of any action that has been taken on your case. Please mail your request to the HSD Hearing's Bureau at PO Box 2348 Santa Fe, NM 87504. You have a right to look at your case file and any records HSD used to determine your eligibility 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 at the hearing.

(c) From what date are my benefits calculated?

- **SNAP/Food** – From the date you applied
- **Medicaid** – If you are approved, you will receive Medicaid from the first day of the month you applied. You may be eligible for up to 3 prior months of Medicaid coverage.
- **Cash** – On the date HSD approves your application or the 30th day from the date of application, whichever is earlier
- **Energy/LIHEAP** – On the date HSD verifies your account with your energy provider

(d) How will I get my benefits?

- **Medicaid** - A Medicaid card will be mailed to you by your managed care organization (MCO) within 20 days of approval. If you do not have an MCO, then HSD will mail you a card. Your doctor can look up your Medicaid before you receive a card in the mail. You can receive covered services as soon as you are approved. Call your MCO to find out about covered services. If you do not have an MCO, call HSD at 1-888-997-2583.
- **Energy/LIHEAP** - Your payment will be sent directly to your energy provider 7-days from the date HSD verifies your account information with your energy provider. For a shut-off/disconnect crisis, HSD will call your energy provider to help you avoid shut-off.
- **SNAP/Food and Cash** – HSD uses an electronic debit card system called EBT to give you your cash and SNAP/food assistance benefits. If you have never had an EBT card, an EBT card will be mailed to your address in one working day after the date you apply and after your application is registered on the computer. If your EBT card is delayed you may request a card from your local ISD office. You may call EBT Customer Service 24 hours 7- days/week at 1-800-843-8303 to order a replacement or activate your EBT card.

Each month your cash benefit will be deposited in your EBT account on the first day of the month. Your SNAP/food benefits will be deposited in your EBT account on the day of the month in the box below that lists the last two digits of the head of household's social security number.

Combined Schedule: If you have applied for SNAP/Food assistance after the 15th day of any month and are approved for expedited assistance, you will receive your benefits according to the schedule below.

- You will receive your 1st and 2nd month's benefits the day after your case is approved.
 - You will receive your 3rd month's benefits on the 1st day of the month.
 - You will receive your 4th month's benefits within the first 10 days of the month, depending on the last two digits of your SSN.
- You will receive your 5th month's benefits within the first 20 days of the month, depending on the last two digits of your SSN. This will be your regular day of the month to receive your future SNAP/Food Stamp benefit.

SNAP/Food Assistance Compressed Staggered Issuance Schedule

Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN
	11		01		12		02		13		03		14		04		15
	31		21		32		22		33		23		34		24		35
	51		41		52		42		53		43		54		44		55
	71		61		72		62		73		63		74		64		75
1	91	2	81	3	92	4	82	5	93	6	83	7	94	8	84	9	95
	16		06		17		07		18		08		19		09		10
	36		26		37		27		38		28		39		29		30
	56		46		57		47		58		48		59		49		50
	76		66		77		67		78		68		79		69		70
	96		86		97		87		98		88		99		89		90
																	80

Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN	Day	SSN		
1	11	2	01	3	12	4	02	5	13	6	03	7	14	8	04	9	15	10	05
	31		21		32		22		33		23		34		24		35		25
	51		41		52		42		53		43		54		44		55		45
	71		61		72		62		73		63		74		64		75		65
	91		81		92		82		93		83		94		84		95		85
11	16	12	06	13	17	14	07	15	18	16	08	17	19	18	09	19	10	20	00
	36		26		37		27		38		28		39		29		30		20
	56		46		57		47		58		48		59		49		50		40
	76		66		77		67		78		68		79		69		70		60
	96		86		97		87		98		88		99		89		90		80

- **SNAP/food** – Up to 12 months is typical or 24 months for elderly/disabled households with stable unearned income such as Social Security
- **Medicaid** – Your Medicaid will be approved for 12 months. You should report any changes that could affect your eligibility within 10 days; see below.
- **Cash** – Up to 12 months at a time is typical. Adults age 18 and over can receive TANF benefits for no more than 60 months during their lifetime, unless they qualify for a hardship extension after they reach the limit. A child living with a parent who is ineligible due to the time limit is ineligible for TANF as a child. The 60-month limit does not apply to cases where the children qualify for TANF and the parent is ineligible for a reason other than the 60-month limit, such as receipt of SSI or an unqualified immigrant status. The 60-month limit does not apply to medical or SNAP assistance.

- **SNAP/food and Cash -** Changes in household members, monthly household costs, income/job and resources: Report these types of changes within 10 calendar days from the date the change happened only if:
 1. the change(s) will cause your case to close;
 2. the change(s) will cause your benefits to increase; Other important changes that you need to tell us about:
 - Change of the address where you get your mail. We want to make sure your mail will reach you.
 - Changes to household size (if anyone moves in or out of your home)
 - Change of residency (if you or anyone in your household moves out of New Mexico).
 - Changes to monthly household expenses...
 - Changes to resources (such as bank accounts, property and life insurance).
 - You should report changes at any time during your certification period that might increase the amount of your benefits (like the birth of a child or losing income).
- **Semi-Annual Reporting:** Most households will be mailed a semi-annual report where all changes must be reported and given to ISD.
- **Annual Reporting:** Households that get fixed income like Social Security will be mailed an annual report where all changes must be reported and sent to the ISD office.
- **Regular Reporting:** There are few households that have to report changes as they happen. These households must report all changes within 10 calendar days from the date the change happened.
- **Medicaid** – Medicaid recipients are required to report certain changes that might affect their eligibility to ISD within 10 days from the date the change happened. Changes you should report include the following:
 1. Living arrangements or change of address: Report any change in where an eligible recipient lives or gets mail.

2. **Household size:** Report any change in the household size, including the death of an individual who is included in the household and/or any pregnancies of household members.
3. **Enumeration:** Report any new social security number of individuals receiving Medicaid benefits in the household, including any newborn receiving Medicaid.
4. **Income:** Report any increase or decrease in the amount of income. For some categories of Medicaid, such as children and pregnant women, changes in income do not affect eligibility until the renewal date.
5. **Resources:** Reporting changes in what you own (such as property or money in the bank) is only required for Institutional Care, Waiver, Working Disabled Individuals, Supplemental Security Income (SSI) Extension, and Medicare Savings Program Medicaid.

(g) Will I have to participate in the New Mexico Works Program?

- **Cash** – Yes, all adults getting TANF cash assistance participate in the New Mexico Works Program. You will be contacted by the New Mexico Works (NMW) service provider. When you do not complete or report your work activity, you can lose some and eventually all of your cash assistance. This is called a sanction. The first time, we will want to talk with you to try and correct the sanction before it happens; this is called conciliation. A sanction will reduce your benefits in the following three ways: **1st Sanction – 25% cash reduction; 2nd – 50% cash reduction; and the 3rd – Case Closure.** When you meet any of the following situations, you may be able to receive different work activities or less hours if any of the following apply to you:

▪ Single Parent Caring for a Child under 12 Months Old – 1 lifetime limit	▪ Temporary Personal Situations – Up to 30 days
▪ Age 60 or Older	▪ Disabled
▪ Pregnant in Third Trimester or Six weeks post-partum	▪ Caring for a Ill or Incapacitated Household Member
▪ Single Parent caring for a Child under 6 years old (no childcare)	▪ Domestic Violence (Family Violence Option)
▪ Impaired, temporarily or permanently, as determined by IRU	▪ Good cause for the need of Limited Work Participation status

(h) What other help is available?

- By accessing the link below, you will find resource listings available throughout New Mexico. You will find the resource listings by county.
http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx

10. Important Information About Your EBT Card

(a) First EBT Card

If this is your first SNAP/Food or Cash assistance case with the New Mexico Human Services Department, your EBT card will be mailed to you on the first working day after your application is entered into the ISD computer system by the local ISD office.

You should receive your EBT card within 7 days of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from our EBT contractor. To activate your card and get a PIN, please call 1-800- 843-8303 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

Important: If you have an EBT card and you order a new one, your old card will be deactivated. You will have to wait for your new card to arrive in the mail before you can access your benefits. When ordering a new card your PIN number will not change. You can change your PIN when your new card arrives by calling the EBT contractor at 1-800-843-8303.

(b) I have an EBT Card that I know works.

If you have received SNAP/Food or Cash Assistance in the past and know that your EBT card works, please let ISD know that you do not need a new card. You will be able to access your benefits once your case is approved.

If you only forgot your PIN number, but your card still works, please call 1-800-843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm, to get a new PIN. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

(c) My EBT Card does not work.

If you have received SNAP/Food or Cash assistance in the past and your EBT card does not work, please call the EBT contractor Service Desk at 1-800-843-8303 or 1-800-283-4465. Your new EBT card will be mailed to you on the first working day after you request one from the EBT contractor Customer Service Desk.

You should receive your EBT card within 7 days of date of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from our EBT contractor. To activate your card and get a PIN, please call 1-800- 843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

(d) I lost my card.

If you have received SNAP/Food or Cash assistance in the past and your EBT card does not work, please call the EBT contractor Service Desk at 1-800-843-8303 or 1-800-283-4465. Your new EBT card will be mailed to you on the first working day after you request one from the EBT contractor Customer Service Desk.

You should receive your EBT card within 7 days of date of applying. If 7 days have passed, and you have not received your card, please contact the EBT Help Desk at 1-800-283-4465 so arrangements can be made for you to pick up a card at the local county ISD office.

You must activate your card when you get it. You need to get a Personal Identification Number (PIN) from the EBT contractor. To activate your card and get a PIN, please call 1-800- 843-8303 - 24 hours a day or 1-800-283-4465, Monday-Friday, 8:00am to 5:00pm. If you have any questions regarding the EBT card procedure, please call 1-800-283-4465.

11. Penalties for SNAP/Food Assistance Violations

You must not give false information or hide information to get SNAP/food assistance, including EBT cards. You must not trade or sell your EBT card or your PIN. You must not allow a retailer to debit your EBT account in exchange for cash. You must not change EBT cards to get SNAP/food assistance you are not eligible to receive. Do not use, or have in your possession, an EBT card that is not yours and do not let someone else use your card. You must not use your SNAP/food assistance benefits to buy non-food items, such as alcohol, tobacco or paper products. You must not use someone else's EBT card for your household. You must not use your SNAP/food assistance benefits to pay credit accounts.

Anyone intentionally breaking any of these rules could be barred from receiving SNAP/food assistance for 12 months (1st violation); barred for 24 months (2nd violation); barred permanently (3rd violation); subject to \$250,000 fine, imprisoned up to 20 years, or both; suspended for an additional 18 months. Anyone intentionally breaking these rules could also be prosecuted under other federal and state laws containing criminal penalties.

Anyone who intentionally gives false information or hides information about identity or residence to get SNAP/food assistance in more than one household at the same time could be barred for 10 years.

Anyone convicted of trading SNAP/food assistance for a controlled substance could be barred from receiving SNAP/food assistance for 24 months (1st violation) and barred permanently (2nd violation).

Anyone convicted for buying or selling SNAP/food assistance of \$500 or more after September 22, 1996 shall be permanently ineligible to participate in the Program. (Any violation).

Anyone convicted for trading SNAP/food assistance for firearms, ammunition, or explosives will be permanently ineligible to participate in the Program (Any violation).

12. Fair Hearing Rights

Your Right to a Hearing - You can ask for a hearing if you do not agree with a decision HSD has made regarding your application/benefits. A hearing will give you a chance to explain why you do not agree. Any time you disagree with a decision taken on your case, you have the right to request a fair hearing with an official who is required by law to review the facts of every case in a fair and objective manner and give you a chance to explain why you do not agree.

In what situations can you ask for a fair hearing?

- You apply for benefits and are denied, or
- You disagree with a decision on your case, or
- You believe your benefits were not calculated correctly, or
- A change was made that you do not agree with.

By when must you ask for a fair hearing?

You have 90 days from the date of notice to ask for a hearing. If you ask for a hearing within 13 days from the date of this notice, you will continue to get the same amount of benefits you received before we took the action in this notice. You will continue to get these benefits until the Department decides your case, unless another change is made to your case. Changes in benefits may be made after you have asked for a hearing if the reason for the change is not the same as the reason for the hearing. If you lose the hearing, you may have to pay back any

benefits you received while the Department decided your case. You do not have a right to a fair hearing if the Department's decision which you are challenging was the result of a Federal or State mass change. (Revised 7/15/14)

How do you request a fair hearing?

- Complete and return the bottom of a notice, or
- Write or call your local HSD office, or Customer Service Center at 1-800-283-4465
- Write the Department's Fair Hearing's Bureau at HSD, P.O. Box 2348, Santa Fe, N.M. 87504-2348, or by calling 505-476-6213.
- If you disagree with a decision by the New Mexico Health Insurance Exchange (NMHIX), you may appeal the action by contacting the NMHIX at 1-800-31802596 and inform the NMHIX that you believe their action should be reconsidered. You may authorize someone else to represent you in the appeals process.
- After you ask for a fair hearing, HSD or the NMHIX will send you a letter telling you the date, time and place where your hearing will be held. HSD hearings are usually at the HSD office. The hearing will be conducted by a hearing officer from the HSD Fair Hearings Bureau or the NMHIX. Prior to the hearing, you or your representative can look at your case record and any proof that will be used to decide your case. You will tell why you believe the HSD or NMHIX decision to be wrong. You may bring witnesses and present proof. You may question the county office or the NMHIX about the action taken and the proof presented. You may represent yourself or you may be represented by a friend, household member or an attorney. For information on where you can get free legal help, call 1-833-LGL-HELP (1-833-545-4357).
- After the hearing, the hearing officer will make a report. The HSD Division Director or the NMHIX Director will decide whether the action was right or wrong. After your case has been decided, you will be sent a letter telling you about the decision and why the decision was made. (Revised 8/30/17)

Employer Coverage Form

You don't need to answer these questions unless someone in the household is eligible for health coverage from a job, even if they don't accept the coverage. Attach a copy of this page for each job that offers coverage.

Failure to complete this form will not delay your application for other benefits like food assistance, cash assistance or Medicaid.

The New Mexico Health Insurance Marketplace (NMHIX) application asks questions about any health coverage available through a current job (even if it's from another person's job, like a parent or spouse) to figure out if you might be able to get help paying for health insurance. Use this form to get the information you need from the employer who offers health coverage. The NMHIX will verify this information, so it's important to be accurate. If you have more than one job that offers health coverage, use a separate form for each employer.

Employee Information

The employee needs to fill out this section. Write down the employee's information then you may request the information below from the employer.

Employee Name (First, Middle, Last)	Employee Social Security Number
-------------------------------------	---------------------------------

Employer Information:

Ask the employer for this information.

Employer name	Employer Identification Number (EIN)	
Employer Address	Employer Phone Number () -	
City	State	Zip code

Who can we contact about employee health coverage at this job?

Name: _____ Phone: _____ Email: _____

Tell us about the health plan offered by this employer.

☐ This employee isn't eligible for coverage under this employer's plan.

The employee is eligible for coverage under this employer's plan on _____ (Start Date).

List the names of anyone else who is eligible for coverage from this job:

What's the name of the lowest cost self-only health plan this employee could enroll in at this job? (Only consider plans that meet the "minimum value standard" set by the Affordable Care Act.)

Name: _____

☐ No plans meet the "minimum value standard"

How much would the employee have to pay in premiums for that plan?

\$_____ How Often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly ☐ Other _____

What change, if any, will the employer make for the new plan year?

- ☐ No change.
- ☐ Employer won't offer health coverage.
- ☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan that meets the minimum value standard.

Date of change, if applicable: _____

THIS PAGE IS LEFT INTENTIONALLY BLANK

Protected: See Privacy Notice*

This information not to be copied.

PERSONAL INFORMATION				Protected: See Privacy Notice*						
This information <u>not</u> to be copied.										
1	NAME: Last	First	Middle Name or Initial	Gender	Birth Date	Social Security Number				
PHYSICAL STREET ADDRESS WHERE YOU LIVE NOW										
2	Street Address		Apartment, Unit, or Lot #		City	Zip				
ADDRESS WHERE YOU GET YOUR MAIL (If different from above)										
3	Mailing Address		City		Zip					
4	If you are changing your name on this application, under what full name were you previously registered? Last, First, Middle			5	E-Mail Address (*optional)					
POLITICAL PARTY			DAYTIME TELEPHONE NUMBER (optional)		POLL WORKER					
6	NOTE: You must name a major political party to vote in primary elections. ▶▶▶▶		Party	If you choose NO PARTY, check this box. <input type="checkbox"/>	7	May the County Clerk make this telephone number public for election purposes? <input type="checkbox"/> YES <input type="checkbox"/> NO	Would you like to serve as an election day precinct worker? <input type="checkbox"/> YES			
8	I hereby authorize you to cancel my previous registration in the following county and state.		City or Township		County		State			
Please answer the following questions:				ATTESTATION OF QUALIFICATION						
9	Are you a citizen of the United States? Will you be 18 years of age on or before the next general election? If you checked "NO" to any of the questions above, do not complete this form. If you have been convicted of a felony and are currently on parole or supervised probation do not complete this form.			I swear/affirm that I am a citizen of the United States and a resident of the state of New Mexico; that I have not been denied the right to vote by a court of law by reason of mental incapacity; that I am, or will be at the time of next election, 18 years of age; and, if I have been convicted of a felony, I have completed all conditions of parole and supervised probation, served the entirety of a sentence or have been granted a pardon by the governor. I further swear/affirm that I am authorizing cancellation of any prior registration to vote in the jurisdiction of my prior residence; and that all information I have provided is correct.						
			SIGN YOUR FULL NAME OR MARK ON THE LINE BELOW:							
10	Name of agent who assisted you in filling out this form:		VRA ID #							
DO NOT WRITE IN SHADED AREAS - FOR OFFICIAL USE ONLY										
Accepted for filing in County Registration Records				PCT.	MUN.	PRC. DIST.	REP. DIST.	SEN. DIST.	SCHOOL	C.C.
Date / County Clerk / Filing Clerk										

IN ORDER TO PROCESS YOUR CERTIFICATE OF REGISTRATION
YOU MUST COMPLETE THIS APPLICATION.YOU WILL RECEIVE CONFIRMATION BY MAIL OF YOUR REGISTRATION
FROM THE COUNTY CLERK.

*PRIVACY NOTICE

Your Social Security number and date of birth are required to register to vote. Pursuant to New Mexico law, the secretary of state, county clerk or any other registration official agent may not release to the public a voter's social security number or date of birth. A person who unlawfully copies, conveys, or uses information from a certificate of registration is guilty of a fourth degree felony. See NMSA, 1978 § 1-4-5 and NMSA, 1978, 1-4-5.4.

Per NMSA 1978 § 1-5-14(D) voter files provided to the public shall not include email address.

USE THIS AREA ONLY IF YOU LIVE AT A RESIDENCE WITH NO PHYSICAL ADDRESS

If the address where you live ("Physical Address") is one of the following:

- a rural address
- a non-street address
- a non-traditional place

In the space provided to the right, you must draw a map of where you live in relation to local landmarks, such as roads, schools, churches, stores, etc.
This will help your county clerk to determine your correct voting precinct.

Also, in the space below "RURAL ADDRESS DESCRIPTION", please describe the following:

- the actual number of the state or county road on which your residence is located, and on which side of the road it sits (east, west, north, south);
- the number of the nearest state roads that cross your road (in both directions from either side of your home), or the names of the identifiable landmarks;
- the distance and direction you would travel from home to reach these roads;
- the distance you would travel to reach your home if you live on a private road that is an extension of a public road (please note at which end of the public road your road begins east, west, north or south).

EXAMPLE RD 678, north side, 1 mile east of RD 615

-OR-

RD 73, west side, 1 mile north of Smith's store and 4 miles south of RD 698

- any county issued rural address assigned to your physical residence where you live now:

EXAMPLE 3251 CR W Grady, NM 88120

This address may also be used in Block 2 "PHYSICAL ADDRESS WHERE YOU LIVE NOW" on the reverse of this form.

MAP

N
W + E
S

RURAL ADDRESS DESCRIPTION

ALL VOTER REGISTRATION FORMS MUST INCLUDE A MAILING ADDRESS IN BOX 2 OR BOX 3 ON THE REVERSE OF THIS FORM.

SP&G-1 (2015)

Health Insurance Portability and Accountability Act (HIPAA)

Provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA, Title II) require that certain privacy and security guidelines are met when collecting and releasing identifiable information regarding the health care of an individual. To learn your rights under HIPAA please visit the Centers for Medicare & Medicaid Services website, <http://www.cms.gov/>, and read our privacy notice.

The Notice of Privacy Practices is posted on the HSD website, <http://www.hsd.state.nm.us/LookingForInformation/recipient-privacy-and-confidentiality.aspx>, and is available electronically from the website.

You may also request a paper copy of the Notice of Privacy Practices by:

- Sending an email to: HSD.HIPAA@state.nm.us. Please provide your name and complete mailing address, and indicate that you would like to receive a paper copy of the Notice of Privacy Practices.
- Calling HSD's contractor, Xerox, at 1-888-997-2583 and requesting that a copy be mailed to you. You will need to provide your name and complete mailing address.
- Sending a written request to HSD Privacy Officer, P.O. Box 2348, Santa Fe, NM 87504-2348.
- Going to your local Income Support Division office and requesting a copy of the Notice of Privacy Practices.

You may also find a copy of the Notice of Privacy Practice through the NM Medicaid Portal at <https://nmmedicaid.acs-inc.com/static/recipientlogin.htm>.