



**INCOME SUPPORT DIVISION**  
CENTRAL ASPEN SCANNING AREA  
P.O. BOX 830  
BERNALILLO NM 87004  
**PHONE NUMBER:** (800) 283-4465  
**FAX NUMBER:** (855) 804-8960



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**Case Name:** Tomacina Smith

**Case Number:** 120552125

**Date:** October 23, 2023

Revision Date: HSD 1210 October 15th, 2023

TOMACINA SMITH  
1420 ESTANCIA AVE  
GRANTS NM 87020

## Notice of Case Action

Dear Tomacina Smith Household,

This letter is about your benefits. For questions, call the Human Services Department's Income Support Division (ISD) at **(800) 283-4465**. Or log on to YESNM at <https://www.yes.state.nm.us/>. You have right to receive this information and help in your language at no cost. To speak with an interpreter, call 800-383-2246.

### Benefit

### Case Action

Your SNAP benefits changed on **October 23, 2023**.



	<u>FROM</u>	<u>TO</u>
November 2023	\$973.00	\$782.00
December 2023 (Ongoing)	\$973.00	\$782.00

To learn more, read "Your SNAP Benefits" section below.

You applied on **August 14, 2023**, your benefits are approved. Your Cash benefits are:



September 2023	\$396.00
October 2023	\$661.00
November 2023	\$661.00
December 2023 (Ongoing)	\$661.00

To learn more, read "Your Cash Benefits" section below.



Each program has its own rules. Some persons may count as household members, but may not qualify for every program. To learn more, read the rest of this letter.

**Notice of Rights**

To learn your civil rights and your right to a fair hearing, read the last page of this letter.

**Your Supplemental Nutrition Assistance Program (SNAP) Benefits**

**Who will get SNAP and how much:**

Month	Household Benefit Amount	Who	Renewal Month
November 2023 - May 2024	\$782.00	Joseph R Brown, Tomacina Smith, Kyrie J Brown, Kylene Joeci Brown	May 2024

**SNAP benefits change:**

Month	Why
	The SNAP benefit changed because:
November 2023	Your household's countable unearned income changed.(NMAC 8.139.520.9;NMAC 8.139.520.10), Your household's allowable income deductions changed.(NMAC 8.139.520.11)
	To learn more, read the SNAP Tables at the end of this letter.

**Your Cash Benefits**

**Who will get Temporary Assistance for Needy Families and how much:**

Month	Household benefit amount	Who	Renewal month
September 2023	\$396.00	Joseph R Brown, Tomacina Smith, Kyrie J Brown, Kylene Joeci Brown	May 2024
October 2023 - May 2024	\$661.00	Joseph R Brown, Tomacina Smith, Kyrie J Brown, Kylene Joeci Brown	May 2024

**When Temporary Assistance for Needy Families benefits are ready:**

Month	Household benefit amount	Date benefits ready
September 2023	\$ 396.00	October 24, 2023
October 2023	\$ 661.00	October 24, 2023



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November 2023	\$ 661.00	November 01, 2023
December 2023	\$ 661.00	December 01, 2023
January 2024	\$ 661.00	January 01, 2024

### TANF Time Limits

Adult members in a Temporary Assistance for Needy Families (TANF) benefit group may only get Cash for **60** months. This is the "lifetime limit." Once an adult member reaches the lifetime limit, the entire household no longer qualifies for TANF benefits. TANF benefits received in other states since July 1997 count toward the adult member's lifetime limit. Certain adult members can get a "hardship extension" when they reach the 60-month lifetime limit.

Below are the total number of months your household got TANF benefits:

Person	Months of TANF benefits in New Mexico	Months of TANF benefits in other states	Total months of TANF benefits
Joseph R Brown	15	0	15
Tomacina Smith	21	18	39

### Other Important Information About SNAP

#### What else should I know about SNAP?

- Future benefit amounts may change when HSD receives information regarding a change. When the change becomes known to HSD and is also verified, HSD will take action to determine your eligibility.
- If you begin getting cash such as Temporary Assistance for Needy Families (TANF) or General Assistance (GA) from the New Mexico Human Services Department (HSD), your SNAP benefits will lower or end.
- HSD must try to get back any benefits a household should not have gotten. This is called "overpayment" or "over issuance." HSD may lower household benefits to pay back overpaid benefits.

If all your household members now get Supplemental Security Income (SSI) or plan to apply for SSI, you may apply to keep your SNAP food benefits. Apply at the Social Security office, not at the local ISD office.

#### What other help may I get?

You may be able to get help from other assistance programs.

- For information about non-tribal food commodity programs call (800) 648-7167.
- For nutrition education services, ask your caseworker about the SNAP nutrition education program called "ICAN."

You may be eligible for an Earned Income Tax Credit when you file your income tax returns. Call (800) 829-1040 to learn about the Earned Income Tax Credit, the Childcare Credit or to find out where you can get free tax help to file your income tax return.

For other services that may be available near you, please visit:

[http://www.hsd.state.nm.us/LookingForAssistance/Field\\_Offices\\_1.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Field_Offices_1.aspx).



## **Other Important Information About Cash Assistance**

### **How long can I get benefits before I have to renew them?**

If you want benefits to continue, you must send in a renewal application and complete the renewal. We will send you a renewal application the month before your certification period ends. If you cannot bring in or mail the application, someone else can do it for you. When we get your application, we will mail you an appointment for an interview. We need an interview to find out if your household can keep getting benefits.

HSD must take action to get back any benefits that should not have been given to a household. This is called an overpayment or over issuance. HSD may lower benefits for a household to pay back benefits to HSD that were overpaid to the household. HSD will first notify the household of the overpayment.

Future benefit amounts are subject to change due to changes made by the state or federal government.

TANF recipients will be required to participate in a work program in order to keep getting assistance. If you do not participate, a penalty will be placed on the household. This may cause your benefits to be reduced or closed. Your caseworker will explain what requirements apply to your case, if any.

The adult responsible for each child who gets cash assistance must cooperate with the Child Support Enforcement Division. Failure to cooperate will result in your benefits being reduced or closed.

You may be eligible for child care assistance from the Children, Youth and Families Department (CYFD) while you are getting cash assistance benefits. If your cash assistance case closes because you are working and you still need child care, please call CYFD at (800) 832-1321 or visit [www.cyfd.org/content/child-care-services](http://www.cyfd.org/content/child-care-services)

You should report a change at any time during your certification period that might increase the amount of your Cash benefits (like the birth of a child or losing income).

Your Cash Assistance benefits have been put in an Electronic Benefit Transfer (EBT) account. You must use your EBT card to use your Cash Assistance benefits. If you did not get an EBT card, please contact your caseworker or your county office. If you do not access your benefits within 90 days, we may take back your benefits and may close your case.

### **Work Program Requirements**

Adults getting cash assistance must work or participate in approved work activities. This is called the New Mexico Works (NMW) program.

The Human Services Department has referred you to the NMW Program Service Provider. Providers are often located in the Income Support Division office. **You must contact the NMW Program to make an appointment.** This is to help you plan and start your required work activities.

The total monthly hours you must participate in depends on your household situation. You may be able to reduce your required monthly hours only after NMW reviews and approves your request for limited participation. If you cannot meet some or all of your required monthly hours, contact the NMW Program.



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If you have not met your Work Program requirements and are not excused, you can lose some and eventually all of your cash assistance. This is called a sanction. Before your first sanction, we will want to talk to you and try to correct the sanction. This is called conciliation. A sanction will reduce your benefits in these ways:

- 1 st Sanction = 25% cash reduction
- 2 nd Sanction = 50% cash reduction
- 3 rd Sanction = Case closed for at least 6 months

Your benefit is based on your total household income and expenses. Expenses do not lower your income dollar for dollar. We used these amounts to figure your benefits.

#### Temporary Assistance for Needy Families Calculations

+/-/=	Amount	Field	Description
	\$ 230.77	Gross Earned Income	Income earned before taxes and deductions.
+	\$ 0.00	Unearned Income	Income you receive that is not from work.
=	\$ 230.77	<b>Subtotal</b>	
	\$ 2125.00	<b>Income Standard</b>	Income standard for the household
	<b>Pass</b>	<b>Result</b>	

#### Temporary Assistance for Needy Families Calculations

+/-/=	Amount	Field	Description
=	\$ 230.77	<b>Gross Earned Income</b>	Income earned before taxes and deductions.
-	\$ 227.89	Earned Income disregard	The amount of your earnings that we don't count to help increase your TANF/NMW benefit.
-	\$ 0.00	Dependent Care Deduction	A deduction for out-of-pocket child care expenses you pay.
-	\$ 0.00	IDA contribution	Individual Development Account contribution
=	\$ 2.89	<b>Net Earned Income</b>	Your monthly income after all allowable deductions.
+	\$ 0.00	<b>Unearned Income</b>	Income you receive that is not from earnings.
=	\$ 2.00	<b>Net Countable Income</b>	



-	\$ 663.00	Standard of Need Amount for Household Size	The total income amount set by the state to determine your eligibility for assistance for the size of your household.
-	\$ 0.00	15% Budgetary Adjustment	15% statewide reduction in cash assistance benefits due to budget adjustment.
=	\$ 663.00	<b>Maximum Monthly Benefit</b>	This is the maximum monthly amount of cash assistance a household of two can receive
-	\$ 2.00	<b>Net Countable Income</b>	Total amount of your income that is used to determine your monthly TANF benefit.
=	\$ 661.00	<b>TANF Grant Amount</b>	
-	\$ 0.00	Sanction Amount	Reduction in benefit amount due to non-compliance or non-cooperation
-	\$ 0.00	Recoupment Amount	Reduction in benefit amount due to overpayments.
=	\$ 661.00	<b>Net Benefit Amount</b>	Benefit you are eligible to receive after your sanction and recoupments are taken.

#### **Temporary Assistance for Needy Families Calculations**

<b>+/-/=</b>	<b>Amount</b>	<b>Field</b>	<b>Description</b>
	\$ 1500.00	<b>Liquid Resource Limit</b>	The maximum amount of cash or liquid resources you may own.
	\$ 0.00	Liquid Resources	Cash, money in the bank or resources that can be easily converted to cash.
	\$ 2000.00	<b>Non-Liquid Resource Limit</b>	The maximum amount of property you may own.
	\$ 0.00	Non-Liquid Resources	Things you own that cannot be easily converted to cash (real estate, automobiles, personal belongings, etc.)
	\$ 0.00	<b>Exceeds by Liquid Resource Amount</b>	
	\$ 0.00	<b>Exceeds by Non-Liquid Resource Amount</b>	

If you think we made a mistake in how we counted your income or resources, please call the Customer Service Center at (800) 283-4465. Or go to your local ISD office.



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## 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

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 [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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 (3) email: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>
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) 222-6712.

### 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: February 25th, 2023

## **YOUR RIGHT TO A FAIR HEARING**

**IF YOU WANT TO SIGN UP FOR A FAIR HEARING, PLEASE FILL OUT THE BACK OF THIS PAGE**

<b>What is a Fair Hearing and why should I ask for one?</b>	A Fair Hearing gives you the chance to explain why you think there has been a wrong decision made about your benefits, or if you think that your benefits were not processed in a timely manner. 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.
<b>Can I get help with my hearing?</b>	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.
<b>How long do I have to ask for a hearing?</b>	You must request a hearing within <b>90 days</b> 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.
<b>Can I keep my benefits if I request a hearing?</b>	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 <b>13 days</b> of the adverse action date. <b>For SNAP or CASH:</b> If the hearing decision is not in your favor, you may have to pay back the benefits you received while waiting for your hearing.
<b>How do I ask for a hearing?</b>	<p>You can request a hearing by filling out the information on the other side of this form and mailing or faxing it to:</p> <p>HUMAN SERVICES DEPARTMENT - OFFICE OF FAIR HEARINGS, HSD PO BOX 2348 SANTA FE, NM 87504-2348 FAX # (505) 476-6215</p> <p>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.</p>



**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.



## **FAIR HEARING REQUEST**

**IF YOU DO NOT AGREE WITH AN ACTION ON YOUR CASE, USE THIS FORM TO ASK FOR A FAIR HEARING.**

**THIS FORM IS NOT REQUIRED UNLESS YOU WANT TO ASK FOR A FAIR HEARING.**

**YOU DO NOT NEED TO SEND THIS FORM IF YOU AGREE WITH WHAT HAS HAPPENED ON YOUR CASE.**

**THIS FORM IS NOT REQUIRED TO RENEW YOUR BENEFITS.**

<b>Mailing Address:</b> 1420 Estancia Ave	<b>Date:</b> OCTOBER 23, 2023
<b>Grants</b>	<b>Name:</b> Tomacina Smith
<b>NM 87020</b>	<b>Case Number:</b> 120552125

**Q1. I DISAGREE with the decision made on my case** ☐ Yes ☐ No

**Q2. I would like to ask for a fair hearing and appeal the decision** ☐ Yes ☐ No

**If you answered "Yes" to Q1 and Q2, please complete the information below and send it to us.**

**If you did not answer "yes" to both questions, you do not need to complete this form.**

I am asking for a fair hearing for the following program(s).

- |  |   |                                   |
|--|---|-----------------------------------|
| <input type="checkbox"/> SNAP or E&T   | <input type="checkbox"/> Cash Assistance or NM Works (TANF) | <input type="checkbox"/> LIHEAP   |
| <input type="checkbox"/> General Assistance (Unrelated Child & Disabled Adult) | <input type="checkbox"/> The Water Program                  | <input type="checkbox"/> Medicaid |

**If my benefits were lowered or stopped because of the action on my case:**

☐ 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 information as you can. You can still have a fair hearing even if you don't fill this section out.



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**By signing this form, you are requesting a Fair Hearing.**

**You do not need to sign or return this form unless you are asking for a Fair Hearing.**

Client or Authorized Representative Signature:	Date:	Phone:
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You can leave this form at any Income Support Division and it will be delivered to the Office of Fair Hearings, or you may send it or fax it to:

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

A notice will be sent to you when the Office of Fair Hearings gets your hearing request. You will get a second notice with the phone number to call and the date and time of your hearing. It will be sent when your hearing has been set. You will need to call in at the number and the date and time of your hearing. If you have any questions about your hearing rights, call Law NM Legal Aid at (833) LGL-HELP (833) 545-4357.