

FY26 DISASTER PLAN

DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM

State: New Mexico
Region: Southwest

1. ROLES & RESPONSIBILITIES

Disaster SNAP (D-SNAP) is one of the most important parts of a much larger government response in the aftermath of a disaster. It is essential that effective pre-planning, collaboration, and communication among various government agencies as well as community partners, occurs to effectively implement the D-SNAP for the affected areas and community members of the state. The President of the United States declares a Federal Disaster and within 24 hours of the declaration the Waiver Request will be drafted, and contact made with the United States Department of Agriculture (USDA) Food Nutrition Services (FNS).

Agencies and Responsibilities

New Mexico Health Care Authority (HCA) Income Support Division (ISD)

When a disaster occurs, the primary responsibility for operating a D-SNAP waiver rests with the HCA ISD. The ISD is responsible for developing an efficient and effective D-SNAP Plan and evaluate and update the plan annually. When a disaster strikes, the ISD will evaluate the need for implementation of D-SNAP and if determined appropriate, will submit to FNS a waiver requesting to operate a D-SNAP detailing the implementation and operations as well as setting processes and procedures to ensure program integrity throughout, compliance with all Civil Rights laws as well as outlining the process to ensure that all post disaster reviews are performed, and all findings are reported to FNS.

USDA Role

The Federal government's National Response Framework (NRF) designates various Emergency Support Functions (ESFs) to coordinate and leverage federal resources to assist State and local disaster response and recovery efforts. USDA is the lead agency for ESF-11, Agriculture and Natural Resources, which includes disaster nutrition assistance. Different ESFs may be activated depending on the type and severity of a disaster. FNS staff participates at the National and Regional level when ESF-11 is activated. For more information about coordinated federal disaster response, see the FNS Disaster SNAP Toolkit linked [here](#).

FNS Role

FNS provides disaster nutrition assistance in three ways:

- Provides USDA Foods for shelters and other mass feeding sites;
- Provides USDA Foods for distribution directly to households in need in certain limited circumstances; and
- Approves D-SNAP operations by providing funding for 100% of disaster benefits and 50% of State

Administrative Expenses (SAE).

FNS supports the State's efforts to provide D-SNAP benefits by providing policy guidance, training, and technical assistance to State agencies as they plan, implement, and assess their D-SNAP activities. FNS provides approval for State D-SNAP Plans and State waiver requests to operate the D-SNAP. FNS and HCA/ISD use the information provided in post disaster reviews and assessments to improve future D-SNAP policy, training, and technical assistance.

Once it has been determined that a waiver to implement a D-SNAP will be submitted to FNS, the ISD will identify key stakeholders and schedule a meeting with:

- Office of Secretary (OOS)
- ISD Director's Office
- Policy and Program Development Bureau (PPDB)
- EBT/CASA
- Income Support Field Operations
- Consolidation Customer Service Center (CCSC) Contract/ISD
- Training Support Bureau (TSB)
- Program Resource, Administrative, and Financial Support Section (PRAFSS)
- Administrative Services Division (ASD) - Grants/Budgets/Payroll
- Office of Inspector General (OIG)
- Information Technology Division (ITD)-HCA Network Help Desk
- Automated System Program and Eligibility Network (ASPEN) Operations Bureau
- Quality Assurance Bureau (QAB)
- Quality Control Bureau (QC)
- Communications Director
- HCA/ISD Constituent Services

OOS

- Will work as the liaison between HCA and The Governor's Office.
- Ensure that all communication is shared with the Governor's office from HCA and any communication from the Governor's office is shared with HCA.

Director's Office

- Liaison between OOS and Stakeholders.
- Collaborate with PPDB to complete D-SNAP request and submit it to FNS.
- Collaborate with key stakeholders for thorough, effective, and efficient implementation of D-SNAP.

- Collaborate with Field Operations to ensure effective communication and coverage at each field location sites.
 - Determine the Staff Ratio needs:
 - Command Center Managers
 - Site Manager
 - Navigators
 - Interviewers
 - Processors
 - EBT Card Processors
 - EBT Card Activators
 - Integrity Team (OIG)

ISD PPDB

ISD's PPDB staff will be key personal to implementing the D-SNAP plan, contacting appropriate parties, and broadcasting information to field staff. As well as:

- Collaboration with all identified POC's and stakeholders.
- Drafting and submitting the appropriate waivers to FNS to request D-SNAP.
 - Identity the disaster period and the D-SNAP period.
 - Identify locations of the disaster.
 - Work with stakeholders and community members to locate the best D-SNAP sites.
- Reviewing and approval of D-SNAP application, application screening tool, rights and responsibilities, decision notices, and D-SNAP posters.
- Maintain communication with FNS.
 - Update WIMS.
 - Maintain the Waiver approval and maintenance.
- Managing documentation for Waiver.
- Responsible for the submission of the daily reports to FNS required for D-SNAP.
- Issue D-SNAP Waiver announcements through ISD's QuiKGuide announcements.
- Identify and work with POCs from EBT, CCSC, QIS, QC, ISD Field Operations, ASPEN HD, and the Accuracy Improvement Team (AIT) to complete 6-month Post D-SNAP report.

EBT/CASA

- Ensure that an appropriate number of EBT cards are ordered and delivered to the identified locations.
- Collaborate with site managers to ensure that an efficient number of cards are kept on site.
- Maintain and track all cards being issued; count and create tracking logs prior to sending to sites.
- Complete linking of cards to case numbers in FIS once the overnight batch is completed.
- Inventory all cards once sent back after application period is complete.

- Support the gathering of information to complete the Post Disaster Report.

QAB in collaboration with EBT

QAB will determine the amount of EBT cards needed based on potential eligibility. QAB will distribute cards to all sites/ensure proper storage of cards at offsite locations, request additional cards if needed, and will maintain tracking of all cards. QAB will also be responsible to have:

- Posters (Interpretation service posters).
- Signage at each Disaster site.
- Communicate with FIS.
- EBT activation training.
- Constituent Services.
- Assign staff to do program integrity/ quality checks of denials.
- Ensure compliance with Civil Rights.
- Support the gathering of information to complete the Post Disaster Report.

ISD Field Staff

Based on the location of the Disaster the County Directors and Deputy Directors of Field Operations will determine alternative site to administer the D-SNAP and will plan for alternative site location(s). Deputy Directors of Field Operations will ensure that the site has accommodations needed such as locations large enough to accommodate the anticipated crowd, adequate parking, tables, chairs, secured Wi-Fi/hotspots, electricity, and adequate ISD staffing to cover both daily SNAP and D-SNAP operations. ISD will also work with contractors that are assisting with the D-SNAP to make sure they have all the trainings and information needed (Deloitte, Accenture, etc.).

TSB

The TSB will review, update, and implement all D-SNAP training materials. TSB will utilize Microsoft Teams and Blackboard to schedule and conduct training and ensure all employees identified have completed training, as well as maintain an FAQ for field staff and establishing support teams at D-SNAP sites.

PRAFSS

PRAFSS will work with the travel POC to make the travel arrangements, work with print vendor to get supplies printed, and will be sure all supplies needed are available at D-SNAP sites. They will collaborate with the site manager to ensure an efficient stock of materials is at each site.

OIG

OIG will collaborate with site staff to ensure the integrity of D-SNAP by monitoring the process outlined in the D-SNAP plan and be available to processors for questionable information. OIG will also assist in the maintenance of the EBT card stock.

HCA Network Help Desk

ITD will assist with securing laptops, hot spots, state issued cell phones, tablets (when available). ITD will have a real time POC on duty during D-SNAP timeframes to escalate technology issues and support any needs at any of the sites.

ASPEN Operations

ASPEN operations will have real time POC on duty during D-SNAP timeframes to escalate issues. They will also ensure that ASPEN Contractors POC is on duty during D-SNAP to escalate data fixes or help develop Interim Business Processes (IBPs) for correct issuance of the D-SNAP benefit. ASPEN Help Desk (HD) staff will be available to process Replacement SNAP benefit tickets and coordinate with ITD Network Help Desk to have POC on duty during D-SNAP to escalate technology issues.

Prior to implementation of D-SNAP ASPEN operations will:

- Complete Discovery and Testing of D-SNAP implementation.
- Develop and maintain the IBPs Command Center; and
- Ensure continued access to ASPEN for staff while working during the D-SNAP period.
- Support the gathering of information to complete the Post Disaster Report.

Communication Director

- Development and issuance of the Press Release
- Social Media Updates
- News Media
- Billboard Advertisements
- Local Newspaper
- Update HCA website
- FAQ for external use
- Notify State Police/Onsite Security

Emergency Contacts for NMHCA and SW FNS Staff

Function	Name	Phone Number	Other Contact
HCA Secretary	Kari Armijo	(505) 249-8773	kari.armijo@hca.nm.gov
Deputy Secretary	Alex Castillo-Smith	(505) 629-8652	alex.castillosmith@hca.nm.gov
Deputy Secretary	Kathy Slater-Huff	(505) 570-7268	katherine.slater-huff@hca.nm.gov

ISD Director	Niki Kozlowski	(505) 695-5064	niki.kozlowski@hca.nm.gov
ISD Deputy Director of Finance	Miquella Lopez	(505) 709-0509	miquella.Lopez@hca.nm.gov
ISD Senior Deputy Director	Marisa Vigil	(505) 629-8476	marisa.vigil@hca.nm.gov
ISD Deputy Director of Quality and Data	Marcos Rivera	(505) 709-5709	marcosa.rivera@hca.nm.gov
ISD Senior Deputy Director	Stephanie Moore-Combs	(505) 795-0493	stephanie.moore-combs@hca.nm.gov
ISD Regional Office Manager	Cynthia Montes	(575) 521-2390	cynthia.montes@hca.nm.gov
ISD Policy & Program Dev. Bureau Chief	Suzanne Duran-Vigil	(505) 795-0493	suzannep.duran-vigi@hca.nm.gov
ISD Policy & Program Dev. Deputy Bureau Chief	Felice Trujillo	(505) 396-0315	felice.trujillo@hca.nm.gov
ISD EBT Line Manager	Jason Schupp	(505) 383-2036	jason.schupp@hca.nm.gov
Food & Nutrition Services Bureau Chief	Noelle Sanchez	(505) 841-2602	noellea.sanchez@hca.nm.gov
ISD Civil Rights Compliance	Marcos Rivera	(505) 709-5709	marcosa.rivera@hca.nm.gov
Roadrunner Food Bank	Jason Riggs	(505) 349-8833	jason@rrfb.org
Red Cross	Mid-Rio Grande	(505) 265-8514	(915) 592-0208
Salvation Army	Albuquerque	(505) 881-4292	(505) 254-1778
Salvation Army	Santa Fe	(505) 988-8054	(505) 473-7735
NM Association of Food Banks	Albuquerque	(505) 217-1066	(505) 217-1066
NM Grocers Association	Albuquerque	(505) 842-1010	(505) 888-1812
FNS SW Regional Office (SNAP)	Lori Kelly	(214) 290-9878	(214) 681-7637
FNS SW Regional Office (SNAP)	Courtney Slater	(214) 290-9878	Courtney.Slater@usda.gov
FNS SW Regional Office (SNAP)	Sandra Gibbs	(214) 219-9910	Sandra.Gibbs@usda.gov

2. READINESS PLAN

Staffing & Resources

Once the D-SNAP sites have been confirmed, the Regional Office Managers along with County Directors will work with supervisors and staff to volunteer and assist with adequate staffing coverage. Volunteers who have been identified will work with PRAFSS to secure their travel accommodations. Accommodations include travel (if needed), per diem costs, overtime pay, and lodging. ISD staff will perform essential functions of their jobs either at their current ISD offices or in alternate locations during emergencies. The immediate capability to perform these essential functions at their current location will be evaluated during ISD's assessment of the emergency.

ISD will refer employees to the Employee Assistance Program (EAP) to help deal with the emotional well-being of relocated employees. ISD will also deploy relief staff from other county offices or central offices to provide support and allow the staff affected by the disaster area time off. If necessary, ISD may also hire temporary staff to assist the staff affected by the disaster.

Benefit Application System Development

ASPEN is the primary system that is used for SNAP processing daily and will also be used for D-SNAP operations in support of eligibility determination and application processing. ISD and ITD Continuity of Operations Plans address the IT services and equipment that may be needed by HCA in the event of operating a D-SNAP. A comprehensive Disaster Recovery Plan was developed for the ASPEN system and sub-systems to ensure availability of eligibility determination services. The ASPEN Disaster Recovery Plan is tested.

HCA is constantly seeking ways to minimize the likelihood of a serious business disruption, and the impact that a disruption may have on the citizens of New Mexico. HCA has established redundant network routes to its main sites to minimize outages as well as established a hot disaster recovery site for ASPEN. ASPEN servers are in a secured datacenter and data from ASPEN is replicated to the disaster recovery site in Albuquerque, NM. Additionally, ASPEN backups are stored offsite.

The ASPEN system differentiates D-SNAP applications from regular SNAP by processing them under a separate D-SNAP functionality. When registering the application, staff must distinguish between a regular application and a D-SNAP application by selecting the D-SNAP application option. This ensures that D-SNAP actions do not adversely affect other program benefits such as SNAP, Cash Assistance, or Medicaid. Once processed, the system generates certification or denial notices specific to D-SNAP and sends them to the household. This separation allows ASPEN to maintain the integrity of ongoing benefits while supporting disaster-related eligibility and issuances.

EBT Issuance System Development

In New Mexico, SNAP and Cash Benefits are delivered via an EBT card issued by FIS. Applicants that are

brand new to receiving SNAP benefits will have an EBT card requested automatically in the FIS system. In normal circumstances, replacement EBT cards are requested using the EBT Service provider's 24-hour toll-free Customer Service number, requesting a field staff to order a new card in the FIS system at <http://www.ebtedge.com> or eligible recipients can receive an Over-the-Counter Card (OTC) in their local office if specific qualifications are met or recipients can order a replacement card on the app. The app can be downloaded through the website <http://ebtEDGEmobile.com>.

In the event of a disaster impacting the availability of FIS' primary data processing site, FIS will have a back-up site for host processing and telecommunications network services. FIS will provide an alternate means of authorization of EBT transactions during short-term outages when switching over to the back-up site is not considered appropriate. FIS' disaster plan includes a description of the retailer help desk phone line capacity and their plans for increasing call acceptance capacity to meet retailer demands for emergency alternate purchase processing system authorizations.

FIS or its gateway subcontractor will provide an alternative EBT gateway (back-up) if the central gateway experiences a disruption in services. FIS will immediately notify HCA when a disruption in services or any of its subcontractors occurs, including, but not limited to, the EBT host system and the EBT gateway. FIS will also immediately notify HCA upon their decision to move to a disaster back-up site to provide EBT services.

When a disaster is declared and federally approved for assistance, a disaster site is planned and set up. D-SNAP EBT cards can be provided to clients at the time of application at these sites. The cards are activated for the client the following morning after the clients' demographics and benefits batch to the FIS system. If eligible, benefits are available within the client's case at the time of file processing. When the D-SNAP card is activated, the benefits are immediately available to the client.

If a client applies virtually for D-SNAP by calling the call center, the caseworker will review options for receiving a card. The options are as follows:

- Use an existing active EBT card,
- Request a new D-SNAP card mailed overnight,
- Go into a local field office and request an Over-the-Counter EBT card,
- Wait for a card to be mailed through the normal process (card is mailed from the vendor the following business day and is sent first class mail).

EBT Card Stock

The EBT administrative office in Bernalillo, New Mexico, maintains an inventory of 10,000 disaster EBT cards to be used during disasters. The EBT staff manager receives a daily count of disaster EBT cards and will coordinate with the disaster site coordinator if additional cards are needed at that site. These cards can be delivered in person on the same day or mailed overnight to the county office. An additional

inventory of 10,000 disaster EBT cards are kept in stock with the EBT vendor. These cards are ordered through FIS and will be used to replenish card inventory depleted by any over the counter disaster issuance. ISD anticipates receiving these additional EBT cards within two (2) calendar days. If an ISD county office uses regular SNAP EBT stock for disasters the EBT unit will re-supply that office from an existing back up of regular SNAP EBT inventory kept at the Bernalillo EBT administrative office.

Application Sites

ISD will set up in an ISD office close by the office, not affected by the disaster. If this is not possible, coordination with HCA's OOS will be implemented to obtain appropriate alternate office space. Locations will be chosen by OOS based on the disaster location and proximity to customers needing support. HCA ISD will collaborate with community members to identify possible locations of disaster sites.

Along with specified D-SNAP sites, benefit recipients temporarily housed outside the disaster area can visit any of the local ISD office to receive services. ISD field office staff have statewide access to the ASPEN system to provide services to relocated disaster victims.

Where appropriate, ISD may implement a hybrid operation that combines in-person services with a call center. The call center designates lines specifically for D-SNAP applications and inquiries during the D-SNAP period. This ensures households unable to access in-person sites can still receive timely assistance.

Data

The Community-based organizations listed below are state-wide and can locate people with disabilities, elderly, and other vulnerable populations in case of disaster. This information is critical in making decisions about staffing, resource allocation, the length of the application period, and the most appropriate D-SNAP application sites. Data or other evidence will be provided that at least 50% of households in a certain defined area (i.e., county, neighborhood, Zip Code, etc.) have been impacted by the disaster.

The most used data is power outage charts and maps which indicate an extended outage of four hours or more affecting most of the population. The following is a contact list of all Electric vendors in the State of New Mexico. Contact will be made to the appropriate vendor, based on location of the disaster for needed data.

Vendor Name	Phone Number	Contact
State LIHEAP Coordinator	505-709-5391	Marilyn Wright
City of T or C	575-894-6671	Sonya Renfro
Xcel Energy	303-294-2295	Deidra Howard
City of Farmington	505-599-1097	Nicki Parks
El Paso Electric	575-523-3581	Yvonne Silva
Jemez Mountains Electric Coop.	505-753-2105	Tina Trujillo Archuleta
Sierra Electric Coop, Inc.	575-744-5231	Lena Mena
Springer Electric Coop.	575-483-2421	John Weisdorfer

Columbus Electric Coop	800-950-2667	Rachel Marrufo
City of Aztec	505-334-7670	Alexis Doucet-Koonce
Socorro Electric Coop.	800-351-7575	Marilyn Madrid
The Mesa Residential	505-327-2755	April Hobbs
Raton Public Service Co.	575-445-9861	Robyn Osborn
Southwestern Electric Coop, Inc.	575-374-2451	Monica Maynes
City of Gallup	505-863-1299	Clarice Fernando
Central NM Electric Coop, Inc.	505-832-4483	Alice Hennessy
Continental Divide Electric Coop	505-285-6656	Victoria Gastonguay
Farmers' Electric Coop, Inc.	575-762-4466	Tom Moore
Kit Carson Electric	575-758-2258	Annette Rael
Lea County Electric Coop, Inc.	575-396-3631	Denise McDaniel
Los Alamos County	505-662-8333	Cathy Crane D'Anna
Mora-San Miguel Electric Coop.	575-383-4270	Gwen Mascarenas
Northern Rio Arriba Electric	575-756-2181	Victoria Gonzales
Otero County Electric Coop.	575-682-2521	Michael Winrow
Roosevelt County Electric	575-356-4491	Janice Castillo
Town of Springer	575-483-2682	Sam Blea
Central Valley Electric Coop, Inc.	575-746-3571	Mike Anderson
Public Service Company of NM	505-246-5700	Nancy Delgado

Community Action Agency of Southern New Mexico CAASN

- Servicing Counties: Dona Ana, Grant, Hidalgo, Luna, and Sierra
- Contact Information is (575) 527-8799 or <https://caasnm.org>

Economic Council Helping Others, INC. ECHO

- Servicing San Juan County
- Contact Information is (505) 325-7466 or <https://echoinc.org>

Eastern Plains Community Action Agency EPCAA

- Servicing Counties: Curry, De Baca, Guadalupe, Harding, Quay, Roosevelt, and Union
- Contact Information is (575) 461-1914 or <http://www.epcaa.org>

HELP New Mexico HELP 10 County

- Servicing Counties: Bernalillo, Colfax, Los Alamos, Mora, Sandoval, San Miguel, Santa Fe, Rio Arriba, Taos, and Torrance
- Contact Information is (505) 265-3717 or <https://helpnm.com>

Mid-West New Mexico Community Action Programs MIDWEST

- Servicing Counties: Catron, Cibola, McKinley, Socorro, and Valencia
- Contact Information is (505) 357-1707 or <https://www.ourkidzrock.com>

Southeast New Mexico Community Action Corporation SNMCAC

- Servicing Counties: Chaves, Eddy, Lea, Lincoln, and Otero
- Contact Information is (575) 887-3939 or www.snmcac.com

3. Implementation Plan

Public Information and Outreach

The HCA ISD and OOS Communications staff will collaborate with FEMA, FNS, and the OOS' Communications staff to disseminate media releases to various media outlets across the State, as well as arrange with FEMA to have the initial press release given "priority use" in official FEMA statements. These news releases will also be posted to the HCA website. Once D-SNAP is in operation, OOS' Communications staff will issue press releases with D-SNAP eligibility and verification requirements, civil and criminal penalties for fraud, proper use of Supplemental Nutrition Assistance Program (SNAP) benefits, and a non-discrimination statement.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are

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prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. 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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at How to File a Program Discrimination Complaint 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:** USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or
2. **Email:** FNCSIVILRIGHTSCOMPLAINTS@usda.gov.

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OOS' Communications staff will issue local press releases and public service announcements containing the location(s) and operating hours of application/issuance sites, special provisions if waivers have been approved, instructions for on- going SNAP participants and "special needs" SNAP applicants, and fraud control measures. OOS' Communications staff will set up news conferences, if determined necessary, to make major announcements.

HCA ISD Staff will collaborate with the Director of the New Mexico Grocers Association to notify grocers of the impending D-SNAP; most independent grocers are members of this Association. HCA ISD staff will contact advocate community groups listed on page 5 & 6 to enlist their support with outreach efforts and to address their concerns.

Roadrunner Food Bank (RRFB)

As the largest food bank in the state, RRFB is one of our most significant outreach partners. RRFB distributes a variety of donated and purchased food items to people struggling to cover all their nutritional needs, in addition to providing charitable foods to community members across the state. ISD TSB will work with RRFB and will provide D-SNAP training to help assist with questions, eligibility requirements, locations, or people who may need support in applying for D-SNAP benefits. RRFB will disperse this information by answering questions received from their HELP Line Call Center and in person.

Retailer Communication

OOS Communications staff will contact retailers with press releases containing information on any relevant waivers, estimated number of new SNAP clients, and information to post in their stores regarding D-SNAP sites, hours of operation, and any other necessary information. ISD staff will contact advocate

community groups listed on page 5 & 6 to enlist their support with outreach efforts and to address their concerns.

Procedures to Reduce Applicant Hardship

Field staff and management level staff members who are on site for D-SNAP will help accommodate any provisions and human needs that may be needed or inquired during D-SNAP. Staff will direct applicants with special needs to appropriate lines for special handling (if in person). Applicants will be able to call HCA's customer service line and complete the D-SNAP process over the phone or online if transportation is unavailable for applicants. Language services will also be available to all field staff when needed by utilization of our translation contractor Language Link.

HCA will be in contact with our security contractor Securitas and hire additional security for D-SNAP locations as needed as well as informing local law enforcement of the increased populations at D-SNAP locations.

Human Comfort Needs

If needed, HCA's application/issuance sites will coordinate with the appropriate entities to offer the following items for human comforts for all applicants. HCA will use the listing below as a checklist for human comforts at D-SNAP sites.

Water/Food

- Available water bottles
- Several stations for water
- Small snacks available

Protection from the elements

- Tents for shade/protection from weather
- Fans/heaters as appropriate
- Use indoor stadium/coliseum/auditorium
- Run lines through hallways/breezeways
- Develop severe weather alternatives

Bathrooms

- Portable toilets located to provide some privacy and accessible to the elderly/disabled
- Toilets serviced at least once a day

Medical Care

- Ambulance or rescue squad on-site
- Volunteer doctors, nurses, or other health care workers to handle emergencies

Elderly/Disabled Comforts

To facilitate the access of elderly & disabled to the site, if possible, HCA will:

- Choose sites that are served by public transportation and notify local Para transit authorities of the location of sites. A Para transit system is a public transportation system that does not follow a fixed route. The Americans with Disabilities Act of 1990 (ADA) requires that municipal public transportation authority provide an alternative to public fixed route service for disabled individuals who have trouble navigating the public bus system. Designate parking spots near site entrance for elderly or disabled use only.
- Make site physically accessible to the elderly and disabled.
- HCA staff or volunteers assist elderly or disabled clients from their cars/bus using wheelchairs or golf carts and escort them to the elderly/disabled area.

Site Layout

As soon as sites are selected, planning for the layout and traffic flow will begin. ISD will develop a flow chart and utilizing it during site set-up can assist in spotting potential bottlenecks and other trouble spots as well as in identifying staffing, security, supply, and other administrative needs. When developing a flow chart and planning a layout, the items considered will be:

- Long lines
- Heavy Traffic
- Parking
- Weather
- Privacy
- Entrances/Exits

Certification Process

Central Office staff along with other identified key stakeholders, will collaborate to identify potential application sites, staffing resources, ensure that there is separation of eligibility and issuance of the D-SNAP, and will determine how to best manage potential large crowds at the sites. The ISD will ensure that the D-SNAP paper application is up to date and will ensure that it is adapted to fit the parameters of the disaster being addressed. The ISD will develop the application to include fields for the collection of information on all individuals in a Household and will only gather information for the D-SNAP eligibility. There will be staff at each D-SNAP site to fulfill all roles to ensure a positive experience for the customers as well as all staff. At each site there will be posters with simple instructions, verification requirements, definition of terms, etc., to also assist with the effort. ISD field staff assisting and processing D-SNAP applications on site will be assigned an independent role and will not be the same person to complete each role from start to finish to keep program integrity. The roles are as follows:

Completing the Application/Screening

Navigator: Greet participants, direct them to the appropriate areas, provide proper paperwork needed for applicants to fill out/read, and will route applicants accordingly to the next steps. Merit

ISD staff member will be utilized to inquiry case on a tablet to see if customer has a case in ASPEN and if active SNAP/D-SNAP to avoid duplicate participation.

- The navigator will assist in the completion of applications, if necessary. This role is responsible for assisting with the prescreening process. They will be familiar with the basic eligibility requirements so that they are able to share with the customers so that each customer is able to make an informed decision about whether to apply. The navigator can also educate the customer regarding the required verification documents that will be needed. Navigator will also provide the proper paperwork if the applicant has active SNAP (ongoing household) and needs an affidavit for Loss of Food Purchased with SNAP benefits and direct the applicant to the correct line.

Interview/Verification

Interviewer: Register the D-SNAP applications, complete interviews, answer questions and review and clarify any potential confusing concepts for the applicant (such as the benefit period and deductible disaster-related expenses), verify the information on the application. During the interview, the interviewer will ask about:

- Proof of identity for the Head of the Household.
- Document all names and Date of Births for all household members.
- Verify the household composition as it was on the day that the disaster occurred
- Residency, or employment, in the disaster area.
- Income available and anticipated during the entire benefit period
 - Verify employment for all members of the household
- Accessible liquid resources available at the start of the benefit period
- Document the impact of the disaster on the household
- What adverse effects did the household suffer? (Flooding, power outage, etc.)
- How much did they pay (or anticipate to pay) for the expenses during the benefit period?
- How did they pay for the expenses? (Only those expenses paid out of pocket and not just incurred, are countable)
- Did they receive reimbursement for any of the expenses?

The interviewer will provide the applicant with the appropriate Approval/Denial documents.

All interviews must be conducted at any of the D-SNAP sites unless the department identifies circumstance in which special alternative procedures are required to complete the interview. Depending on the circumstances of the disaster, such as location, population needs/barriers in those areas, etc. the department may provide reasonable accommodations such as:

- Satellite application sites.
- Home Visits to conduct the interview; or
- Virtual accommodations, such as Zoom or TEAMS, to complete the interview.

Data Entry/Certification

Processors: Receive applications from interviewers, process applications, provide

denial/approval applications to site manager for QA purposes, and will allow the customer to talk with site manager for denials.

Replacement of Loss Benefits Worker: Fill out the affidavits, review all Affidavits for accuracy, and will work with Site Manager/County Director to finish the replacement of loss benefits process.

EBT Issuance/Reconciliation

Ongoing SNAP recipients may lose their EBT cards in a disaster, especially when they must relocate quickly to avoid harm. The applicant can inform any ISD field worker, D-SNAP employee/volunteer of the need of a replacement card, and if in person, the applicant will be directed to the EBT processors and issue a new EBT card at the D-SNAP site. If the applicant is not on site and at a local field office, ISD field staff will issue an OTC and provide the active card in person.

It is possible that SNAP and D-SNAP clients who have been issued replacement benefits for food lost in the disaster may subsequently lose that food in a second disaster or power outage. In both instances, the procedure for replacing these benefits is the same for any other issuance: for the State to replace the benefits, the client would need to file an affidavit of loss in a timely manner.

EBT Processor: Provide EBT card/replacement EBT card to eligible households, assist with PIN activations, answer questions related to EBT card usage, and Ensure benefits are updated within 72 hours.

Actuators: Activate the EBT cards daily, must ensure benefits are in card within 72 hours. This role is overseen by the EBT Bureau chief or designee. Actuators will maintain a beginning and ending inventory and track new cards received, total cards available, and cards issued. No cards will be shipped unless asked by an applicant and if a card is ordered and shipped through the FIS system, the card will be tracked.

Onsite Review

ISD will provide immediate onsite supervisory review for denied applicants. Eligibility workers will notify applicants of the right to this review and that it will not affect their right to a fair hearing. Denied cases will be entered into ASPEN to allow for duplicate checks. Clients whose circumstances have changed after they filed an application and were denied must reapply for the D-SNAP during the application period.

Program Integrity Staff: This staff will be responsible for reviewing the application process, the applications denied and helping with QA of processes and the integrity of D-SNAP.

Site Manager: Previously denied households that reapply will be referred to this staff or investigators for review. A site manager must be a management level staff member, transport the EBT cards from site to County Office for lock up, reviews denials, speak with applicants that

request more information or ask to speak to supervisor and will interview ISD staff applying for SNAP.

Issuance Process

ISD staff will complete the “One and Done” process to assist with the timely process of D-SNAP benefits within 72 hours. ISD field staff will utilize calling employers/sources and interfaces available to staff to help receive verification for any questionable information or required verification for the applicant.

The “One and Done” principle aims to complete determinations at first contact to reduce delays, repeat visits, and phone calls. Same-day service is the goal.

ISD workers will:

- Request only the minimum verification required by policy.
- Make collateral calls with the customer present or on the phone.
- Only pending a case if identity verification is required.

EBT Issuance Process

Prior to the implementation of D-SNAP, each D-SNAP site manager will coordinate with the EBT Bureau Chief and county offices to determine the supply of EBT cards needed. The team will ensure that a sufficient supply of EBT cards are kept on hand. The number of EBT cards will be determined based on the size of disaster along with the location and population in the area(s) to anticipate potential applicant volume. The EBT/CASA office will receive the EBT cards from the manufacturer and will prepare and deliver the shipments to the ISD county offices with a target delivery time within 48 hours.

An inventory of EBT cards will be assigned by Disaster Sites. Card inventory will be monitored during the disaster by the D-SNAP site managers and EBT central office staff and replenished as necessary. Site managers will oversee transporting the EBT cards from site to the local County Office to lock up along with the associated logs. EBT cards are kept in a secure, locked area with authorized staff only having access.

D-SNAP cards issued to customers during the day are transmitted nightly to the EBT Unit for activation. All cards transmitted are activated no later than 10:00 a.m. the following morning, ensuring that customers can access their approved benefits without delay. The site manager is responsible for ensuring that certified households can access their benefits within 72 hours of application, except in cases where the issuance is delayed due to questionable verifications.

Management of Large Crowds

ISD will issue public service announcements informing applicants of the dates and times applicants can visit service sites. Depending on the size of the disaster and the population in the affected area, ISD may implement a daily alphabetical system to assist with crowd control, applicants will be strongly encouraged to attend on the day corresponding to the First letter of their Last Name. ISD will not turn away applicants if they are unable to attend on the corresponding day. All applicants will be assisted if they attend a day

outside of their assigned letter to accommodate for jobs, childcare, school, etc. An example of how the Department will divide the days is as follows:

- Day 1: A-J
- Day 2: K-S
- Day 3: T-Z
- Day 4: A-Z
- Day 5: A-Z
- Day 6: A-Z
- Day 7: A-Z

ISD will use the facilities features to direct the crowd, directional/alphabetical signs will be posted on the corresponding day.

Client Materials

All D-SNAP material can be located in the Appendix.

Security and Fraud Prevention Plan

HCA will ensure effective fraud prevention measures are in place by completing computer cross-reference checks at the time of application to prevent duplicate participation and issuance. The State's eligibility system (ASPEN) cross- references all names and social security numbers listed on the D-SNAP application against the system's database of existing and former benefit recipients.

State employees who choose to apply for D-SNAP benefits will be handled/processed all by management level staff members who are on site. Site managers and management level staff will be completing all interviews and processing, EBT processors will issue cards to employees if needed and verify cards are activated. Coinciding with OIG and QAB, 100% of employee applications will be audited along with:

- Use separation of duties for certification and issuance.
- Include a question on the D-SNAP application asking if anyone in the household is employed by the State or State SNAP agency.
- Utilize supervisors or investigators to conduct employee certification interviews.

ISD staff will work with the USDA/OIG and HCA/OIG investigative staff from the start of the disaster response to ensure that program integrity issues are quickly and appropriately addressed. HCA recognizes that working with investigative partners during all phases of the disaster response will minimize the likelihood that problems will need to be addressed later through audits.

If a disaster occurs in a location bordering an adjacent State; ISD workers may contact the bordering state to confirm that concurrent D-SNAP/SNAP participation is not occurring. ISD has established contacts through its OIG with the states of Arizona, Colorado, Oklahoma, Texas, and Utah through membership in the following organizations: Southwest Public Assistance Fraud Investigators, Four Corners Investigators Group, and the United Council on Welfare Fraud. Contacts made through these organizations will be utilized to check for active SNAP cases in other states. In addition, ISD has a reciprocal agreement with the state of Texas that provides access to the Texas eligibility system for the bordering NM counties and OIG

staff. The Public Assistance Reporting Information System (PARIS) will also be used to identify duplicate participation.

Disaster Reporting and Post-Disaster Review Report

Daily reports will be completed to monitor and document the programs' progress, identify, and troubleshoot identified problem areas, inform FNS of the progress, and to respond to inquiries from the media and/or any other government agencies. The ISD's PPDB section will be responsible for submitting daily reports and the post disaster review report to FNS SWRO required for D-SNAP. The reports will be submitted at the beginning of the day following the first day of D-SNAP operations and will continue to be provided daily until all applications are processed. The ISD Central Office will coordinate with ISD's Consolidated Customer Service Center (CCSC), Contractor, and location sites/site managers for daily totals and will submit to FNS. Reports are to include:

- Number of new households approved
- Number of ongoing households receiving supplements
- Number of new persons approved
- Number of ongoing persons approved for supplements
- Number of new households denied
- Value of new benefits approved
- Value of supplements approved
- Average benefit per new household
- Average benefit per ongoing household

The CCSC is responsible to provide data on calls:

- Received;
- Dropped;
- Abandoned; and
- Average call times (abandonment, call completion, complaints, fair hearing requests, mailed, returned).

The QAB/FIS/EBT is responsible for:

- number of EBT cards mailed; and
- returned for each day.

Post D-SNAP

After the D-SNAP period has ended, ISD will complete the following activities to conclude the D- SNAP.

- Closing out the D-SNAP application/issuance sites
 - Making sure all files, EBT cards, Equipment, and Issuance records are accounted for and returned to the local county office.
 - The D-SNAP site/building is returned to the way it was prior to D-SNAP and cleaned as much as possible.
- Transitioning to regular SNAP

- Certification reporting
 - Completing the following reports: FNS-292B, FNS-388, FNS-209, and FNS-46.
- Issuance reporting and reconciliation
 - Card Production and delivery reconciliation
 - Benefit Authorization and Posting reconciliation
 - Ensure complete reporting to FNS of disaster benefits issued
- Fair hearings, claims, and restored benefits
 - Resolving any issues associated with fair hearings, claims, and restored benefits.
 - Claims
 - Restored benefits
- Post-disaster review and after-action report

Post-Disaster Report

The post-disaster review report is comprised of four parts: comprehensive review, individual reviews, problem analysis, and proposed improvements. HCA will compile and submit to their FNS Regional Office their completed reports no later than 6 months after the close of program operations. D-SNAP approvals will include the due date for the final report.

Comprehensive Review

The comprehensive review should begin with an overview of the D-SNAP operation, including where and when it took place, how it was staffed, and the total number of applications approved, and number of benefits issued. HCA will then describe the systems or methods employed, document any major problems encountered, and discuss the interventions used to solve those problems in the following areas:

- Certification systems
- Fraud control
- Issuance
- Public information and outreach
- Program access issues (e.g., persons with disabilities, the elderly, and other vulnerable populations)
- Security

Individual Reviews

The individual reviews include both a sample of new public cases and a review of all approved State agency employee cases. The required components of the individual review are:

- Case record review
- Verification
- Interview

After completing the individual reviews, the State agency shall conduct a problem analysis and create a separate list or chart for both the general public cases and the State agency employee reviews. Each list should be further broken down by D-SNAP project area (generally the County) and will include:

- Number of cases with problems
- Nature of the problem
- Missing documentation in case file
- Household error
- State agency error
- Intentional Program Violation
- Number of incomplete case reviews due to inability to locate the client or client failure to cooperate
- Number of cases in which recipient claims were established
- Value of claims
- Value of restored benefits
- Any further action taken against State agency employees as a result of findings

Proposed Changes

After conducting the reviews and problem analysis, HCA will evaluate the relative success of their D-SNAP implementation. This section of the report will include:

- Lessons learned and best practices from the D-SNAP
- Specific additions/changes to the State's disaster plan
- Recommended changes to internal policies
- Recommended additions or changes to this guidance handbook

The NMHCA will collaborate and communicate with the SWRO FNS to ensure effective, efficient, and a compliant D-SNAP program is administered. Any lessons learned or process improvements will be implemented by amending the D-SNAP plan when necessary.

Tribal Consultation

The NMHCA has not had any tribal consultations in the past 12 months for the D-SNAP plan. The Department has implemented best practices from lessons learned from our previous disaster; if there is another disaster in NM where we must implement D-SNAP we will collaborate closely with the areas impacted to best implement the services. The Department has reached out to tribal partners regarding several items such as the E&T State Plan, with no request for a Tribal Consultation. The Department Staff have been collaborating with the Tribal Liaisons to build a trusting and strong relationship with all NM Tribes, Pueblos, and Nations. The Department has participated in several outreach activities with Tribes, Pueblos, and nations with much success. Staff have provided training and information about programs and resources available to them. The Department is dedicated to all Tribes, Pueblos, and Nations to collaborate to ensure that the services needed are provided in a way that best fits their needs.

Forms

All forms will be updated when the new FPL is released. Forms will always be ready and up to date in the event a disaster is declared.

Appendix

Please see the D-SNAP forms below.



ISD 446 Revised 8/19/2025
Income Support Division

AFFIDAVIT OF LOSS OF FOOD PURCHASED WITH SNAP BENEFITS

(Due to household misfortune or natural disaster)

Case Number	Name of Head of Household
Household Address	
City/Town/State/Zip Code	

I _____, certify under penalty of perjury that food purchased with my SNAP EBT card was destroyed in a household misfortune or natural disaster (fire, flood, extended electrical outage or other loss) that occurred on _____, 20____ in _____ County, New Mexico.

I also understand that:

- Verification of the household misfortune or natural disaster is required to verify my loss; this may consist of but is not limited to collateral contacts.
- A replacement of the actual value of the loss not to exceed one month's SNAP benefit will be issued through my EBT card.
- If I do not sign and return this affidavit within 10 calendar days after I first reported the loss (destruction) of the food purchased with my EBT card, ISD will NOT replace the loss.

I declare under penalty of perjury and/or fraud the information provided is true and correct.

Participant Signature _____ Date _____

Date Loss Reported ____/____/____ FOR HCA USE ONLY
Date Affidavit Received ____/____/____ Date Verified ____/____/____

Method of Verification: Collateral Contact____ Documentation____ Other (Specify)_____

____ Approved ____ Denied

Reason for Denial: _____

Value Of The Loss (FIS) \$ _____ Monthly SNAP Benefit Amount \$ _____ Replacement Amount Approved \$ _____

FAA Name (Printed) _____

Approved by: Supervisor Name (Printed) _____

Supervisor Signature _____



ISD 446 Revised 8/19/2025
Income Support Division

DECLARACIÓN JURADA DE PÉRDIDA DE ALIMENTOS COMPRADOS CON BENEFICIOS DE SNAP

(Debido a desgracia familiar o desastre natural)

Número de caso	Nombre del jefe de familia
Dirección del hogar	
Ciudad/Población/Estado/Código postal	

Yo, _____, certifico bajo pena de perjurio que los alimentos que compré con mi tarjeta EBT de SNAP quedaron destruidos en una desgracia familiar o desastre natural (incendio, inundación, interrupción prolongada del suministro de electricidad u otra pérdida) que ocurrió el ____ de _____ de 20 ____ en el Condado de _____, New México.

También entiendo que:

- Se requiere verificación de la desgracia familiar o desastre natural para comprobar mi pérdida; esto puede consistir, entre otros, en contactos colaterales.
- Se emitirán beneficios prorrateados de SNAP a través de mi tarjeta EBT.
- Si no firmo y devuelvo esta declaración jurada dentro de los 10 días calendario siguiente a la fecha en que reporté por primera vez la pérdida (destrucción) de los alimentos que compré con mi tarjeta EBT, la ISD NO reemplazará la pérdida.

Declaro bajo pena de perjurio y/o fraude que la información proporcionada es veraz y correcta.

Firma del participante _____ Fecha _____

FOR HCA USE ONLY (PARA USO EXCLUSIVO DEL HCA)

Date Loss Reported ____/____/____ Date Affidavit Received ____/____/____ Date Verified ____/____/____

Method of Verification: Collateral Contact ____ Documentation ____ Other (Specify) _____

____ Approved ____ Denied

Reason for Denial: _____

Value Of The Loss (FIS) \$ ____ Monthly SNAP Benefit Amount \$ ____ Replacement Amount Approved \$ ____

FAA Name (Printed) _____

Approved by: Supervisor Name (Printed) _____

Supervisor Signature _____



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

Disaster #: _____
Disaster Benefit
Period: _____
Case #/Individual ID #: _____

Disaster Supplemental Nutrition Assistance Program Application

Section I (SSN is an optional field)

Case name: _____ Social Security Number: _____

NM County of residence when disaster occurred: _____ (Part A)

Was a household member living or working in the disaster occurred: Yes or No (Part A)

Household Size: _____ (Part B)

Section II

1. Income ("Take Home" or Net pay) received or expected during disaster benefit period. _____ (Part C)
2. Accessible Resources (Cash on hand, checking or savings accounts, money market accounts) **+** _____ (Part D)
3. Total (Line 1 plus Line 2) **=** _____
4. Unreimbursed Disaster-Related Expenses (Actual or expected) during disaster benefit period **-** _____ (Part E)
5. Total Adjusted income (Line 3 minus 4) (If Line 4 is greater than Line 3 enter 0) **=** _____
6. D-SNAP Household Size _____ Disaster Standard Expense Deduction: _____

If line 5 is less than line 6, then the household is eligible for Disaster SNAP benefits						
Household Size	Income Limit	Net Income	Standard Deduction	Shelter Cap	Disaster Expense	D-SNAP Allotment
1	\$3,041	\$1,215	\$198	\$672	\$956	\$291
2	\$3,958	\$1,644	\$198	\$672	\$1,444	\$535
3	\$4,547	\$2,072	\$198	\$672	\$1,605	\$766
4	\$5,354	\$2,500	\$208	\$672	\$1,974	\$973
5	\$5,899	\$2,929	\$244	\$672	\$2,054	\$1,155
6	\$6,588	\$3,357	\$279	\$672	\$2,280	\$1,386
7	\$7,087	\$3,785	\$279	\$672	\$2,351	\$1,532
8	\$7,588	\$4,214	\$279	\$672	\$2,423	\$1,751
Each Additional member	+\$501	+\$429	NA	NA	NA	\$219

D SNAP Application Worksheet
Revised 7/2/2024



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

7. Is anyone in the household a NM HCA employee? yes ☐ no ☐

Section III

ELIGIBLE	INELIGIBLE
Amount: _____	<input type="checkbox"/> (01) Adjusted income exceeds Disaster Standard Expense Deduction
DISASTER BENEFIT MONTH: _____	<input type="checkbox"/> (02) Already receiving SNAP benefits
	<input type="checkbox"/> (03) Not a resident of or working in disaster county at time of disaster
	<input type="checkbox"/> (04) No longer living in New Mexico
	<input type="checkbox"/> (05) Other: _____

Worker Signature: _____ County: _____

Date: _____ Disaster Application Site: _____

FAA Comments:



HEALTH CARE
AUTHORITY

APPLICATION FOR DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE (D-SNAP) DO NOT WRITE IN SHADED AREAS		Disaster Benefit Period Begin: _____ End: _____ County of residence (when disaster occurred): _____	
		EBT card # _____	
		Application Date: _____ Case #/Individual ID #: _____ Head of Household DOB: _____	
		INSTRUCTIONS: Complete this application honestly and to the best of your knowledge. If your household knows but refuses to give any required information, you will not be eligible to receive D-SNAP benefits. When you are interviewed, you must show identification and may be required to verify your residency in (_____) the disaster area at the time of the disaster, household composition, disaster-related expenses. You can Authorize someone outside your household to apply for, receive, or use your Disaster Supplemental Nutrition Assistance benefits.	
Head of Household and Telephone Number	Verified	Authorized Representative (if applicable)	Verified
Permanent Home Address with Zip Code	Verified	Temporary Address (if applicable)	Verified

Name:		
Phone Number:	County:	
Part A – HOUSEHOLD SITUATION		
Was your household living or working () in the disaster area at the time of the disaster? If yes, please answer the following questions:	Yes	No
Were you in () for work only at the time of the disaster?		
Did the disaster damage or destroy your home or self-employment property?		
Does your household have any additional expenses because of the disaster?		
Does your household plan to buy food before _____?		
Did the disaster delay, reduce or stop any of your household's income?		
Does your household have any money in checking/savings accounts which you cannot get to because the bank is closed or inaccessible due to the disaster?		
Is anyone in your household employed by the New Mexico Health Care Authority?		
Do you currently get Supplemental Nutrition Assistance Program (SNAP)?		
If yes, State: _____ County: _____		
<p>List the members of your household, including yourself, who were living and eating with you at the time of the disaster. List each household member's social security number (SSN) if available. Applicants are not required to have or give their Social Security Number on this application to qualify for D-SNAP. Also list each household members date of birth, sex, race and source of income including the amount of take-home pay. List any other income your household members have received or expect to receive during the D-SNAP benefit period (_____ - _____, 202 ____). DO NOT INCLUDE PEOPLE WHO WERE NOT PART OF YOUR HOUSEHOLD WHEN THE DISASTER HAPPENED. IF YOU ARE TEMPORARILY STAYING WITH ANOTHER HOUSEHOLD BECAUSE OF THE DISASTER, DO NOT LIST MEMBERS OF THAT HOUSEHOLD.</p>		

PART B – HOUSEHOLD MEMBERS (Attach paper for more space)					PART C - INCOME	
First Name / Last Name	Social Security No. (If available)	Birth Date	Sex	Race	Source / Type	Amount

PART D – RESOURCES List all cash your household will be able to get to during the disaster		PART E - Expenses	
	Amount		Amount
Checking accounts		Dependent care due to disaster	
Savings accounts		Funeral / Medical expenses due to disaster	
Cash on hand		Moving and storage costs due to disaster	
		Temporary shelter expenses	
		Cost to protect property during disaster	
		Cost to repair/replace home or self-employment property	
		Other disaster – related expenses	
		Food destroyed in disaster	

PART F – CERTIFICATION AND SIGNATURE	
<p>I understand the questions on this application and penalties for hiding or giving false information. My household needs immediate food assistance because of the disaster. I certify, under penalty of perjury, that the information I have given is correct and complete to the best of my knowledge. I also authorize the release of any information necessary to determine the correctness of my certification. I understand that if I disagree with any action taken on my case, I have the right to request a fair hearing orally or in writing.</p>	
Applicant: _____	Authorized representative*: _____
Witness: _____	NMHCA Staff: _____

*If the applicant chooses to have an authorized representative apply for them, both the applicant AND the authorized representative must sign this form OR the applicant must sign a statement giving the authorized representative permission to apply on their behalf.

PART G – Penalty warning
<p>If your household gets Supplemental Nutrition Assistance benefits, it must follow the rules listed below. This application is subject to review by Federal and State authorities to make sure you were eligible for disaster aid.</p> <p>DO NOT give false information or hide the information to get or continue to get Supplemental Nutrition Assistance Benefits.</p> <p>DO NOT give or sell Supplemental Nutrition Assistance Benefits or authorization documents to anyone not authorized to use them.</p> <p>DO NOT alter any Supplemental Nutrition Assistance authorization documents to get benefits you are not entitled to.</p> <p>DO NOT use Supplemental Nutrition Assistance Benefits to buy unauthorized items such as alcohol or tobacco.</p> <p>DO NOT use another household's Supplemental Nutrition Assistance Benefits or authorization documents for your household.</p>

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, [AD-3027](#), found online at [How to File a Program Discrimination Complaint](#) 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 (888) 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, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.



HEALTH CARE
AUTHORITY

SOLICITUD DE ASISTENCIA SUPLEMENTARIA PARA NUTRICIÓN EN CASO DE DESASTRES (D-SNAP) NO ESCRIBA EN LAS ÁREAS SOMBREADAS		Período de beneficios en caso de desastres Comienza: _____ Finaliza: _____ Condado de residencia (cuando ocurrió la catástrofe): Número de credencial EBT	
		Fecha de solicitud: _____ Número de caso/individual: _____ Jefe de familia/fecha de nacimiento: _____	
INSTRUCCIONES: Complete esta solicitud honestamente y según su leal saber y entender. Si su unidad familiar lo sabe pero se niega a facilitar la información requerida, no tendrá derecho a recibir las prestaciones de DSNAP. Cuando se le entreviste, deberá mostrar un documento de identidad y es posible que se le pida que verifique su residencia (<i>los condados de</i> _____) en la zona del desastre en el momento del desastre, cómo está formado su hogar y los gastos relacionados con el desastre. Puede autorizar a una persona ajena a su hogar a solicitar, recibir o utilizar sus beneficios de Asistencia Suplementaria para Nutrición en caso de Desastres.			
Jefe de familia y número de teléfono	Verificado	Representante autorizado (si procede)	Verificado
Domicilio permanente con código postal	Verificado	Dirección temporal (si procede)	Verificado

Nombre:		
Número de teléfono:	Condado:	
Parte A - SITUACIÓN DEL HOGAR		
¿Vivía su familia en (<i>los condados de</i> _____) en la zona del desastre en el momento del desastre? En caso afirmativo, responda a las siguientes preguntas:	Sí	No
¿Trabajaba en (<i>los condados de</i> _____) en el momento del desastre?		
¿El desastre ha dañado o destruido su vivienda o los bienes de autónomo?		
¿Su familia tiene gastos adicionales como consecuencia del desastre?		
¿Tiene previsto comprar alimentos antes del _____?		
¿El desastre retrasó, redujo o interrumpió alguno de los ingresos de su familia?		
¿Su familia tiene dinero en cuentas corrientes o de ahorro a las que no puede acceder porque el banco está cerrado o es inaccesible debido al desastre?		
¿Algún miembro de su familia es empleado de la Autoridad de Atención Médica de Nuevo México?		
¿Participa actualmente del Programa de Asistencia Suplementaria para Nutrición (SNAP)?		
En caso afirmativo, Estado: _____ Condado: _____		
<p>Enumere los miembros de su hogar, incluido usted, que vivían y comían con usted en el momento del desastre. Indique el número de Seguro Social de cada miembro de su hogar, si dispone de él. Los solicitantes no están obligados a tener o facilitar su número de la Seguro Social en esta solicitud para calificar para el D-SNAP. Indique también la fecha de nacimiento, el sexo, la raza y la fuente de ingresos de cada uno de los miembros de su hogar, incluido el monto de su salario neto. Enumere cualquier otro ingreso que los miembros de su hogar hayan recibido o prevean recibir durante el período de prestación del D-SNAP (del _____). NO INCLUYA A PERSONAS QUE NO FORMABAN PARTE DE SU HOGAR CUANDO OCURRIÓ LA CATÁSTROFE. SI SE ALOJA TEMPORALMENTE EN OTRA VIVIENDA DEBIDO AL DESASTRE, NO INDIQUE LOS MIEMBROS DE ESA VIVIENDA.</p>		

PARTE B - MIEMBROS DEL HOGAR (Adjunte papel para más espacio)					PARTE C - INGRESOS	
Nombre / Apellido	Número de Seguro Social (si lo tiene)	Fecha de nacimiento	Sexo	Raza	Fuente / Tipo	Monto
PARTE D - RECURSOS Enumere todo el dinero en efectivo del que podrá disponer su familia durante el desastre			PARTE E - Gastos			
	Monto				Monto	
Cuentas corrientes		Cuidado de personas dependientes por catástrofe				
Cuentas de ahorro		Gastos funerarios / médicos debido al desastre				
Efectivo en mano		Gastos de traslado y almacenamiento debido al desastre				
		Gastos de alojamiento temporal				
		Costo de la protección de los bienes durante el desastre				
		Costo de reparación/sustitución de la vivienda o de los bienes del trabajador autónomo				
		Otros gastos relacionados con el desastre				
		Alimentos destruidos en el desastre				

PARTE F - CERTIFICACIÓN Y FIRMA

Entiendo las preguntas de esta solicitud y las sanciones por ocultar o dar información falsa. Mi familia necesita ayuda alimentaria inmediata como consecuencia del desastre. Certifico, bajo pena de perjurio, que la información que he facilitado es correcta y completa según mi leal saber y entender. También autorizo la divulgación de cualquier información necesaria para determinar la exactitud de mi certificación. Entiendo que si no estoy de acuerdo con alguna medida adoptada en mi caso, tengo derecho a solicitar una audiencia imparcial oralmente o por escrito.

Solicitante _____

Representante autorizado*: _____

Testigo : _____

Personal NMHCA : _____

*Si el solicitante opta por que un representante autorizado presente la solicitud en su nombre, tanto el solicitante COMO el representante autorizado deberán firmar este formulario O el solicitante deberá firmar una declaración en la que autorice al representante autorizado a presentar la solicitud en su nombre

PARTE G - Apercibimiento de sanción

Si su hogar recibe prestaciones de Asistencia Suplementaria para Nutrición, debe cumplir con las normas que se indican a continuación. Esta solicitud está sujeta a revisión por parte de las autoridades federales y estatales para asegurarse de que cumpla con los requisitos para recibir la ayuda por desastre.

NO dé información falsa ni oculte la información para obtener o continuar recibiendo Beneficios de Asistencia Suplementaria para Nutrición.

NO ceda ni venda los Beneficios Complementarios para Nutrición ni los documentos de autorización a ninguna persona que no esté autorizada a utilizarlos.

NO altere ningún documento de autorización de Asistencia Suplementaria para Nutrición para obtener beneficios a los que no tiene derecho.

NO utilice los Beneficios de Asistencia Complementaria para Nutrición para comprar artículos no autorizados, como alcohol o tabaco.

NO utilice los documentos de autorización o los Beneficios de la Asistencia Complementaria para Nutrición de otro hogar para su hogar.

El USDA es un proveedor, empleador y prestamista que ofrece igualdad de oportunidades. De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA tienen prohibido discriminar por motivos de raza, color, origen nacional, credo religioso, sexo, discapacidad, edad, estado civil, situación familiar/parental, ingresos provenientes de un programa de asistencia pública, creencias políticas o represalias por actividades previas de derechos civiles, en cualquier programa o actividad realizada o financiada por el USDA (no todas las bases se aplican a todos los programas). Los recursos y los plazos para presentar quejas varían según el programa o incidente.

Personas con discapacidad que requieran medios alternos de comunicación para obtener información sobre el programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano), debe ponerse en contacto con la agencia (estatal o local) que administra el programa o con el USDA a través del Servicio de Retransmisión de Telecomunicaciones al 711 (voz y TTY). La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés.

Para presentar una queja por discriminación en el programa, complete el Formulario de Queja por Discriminación en el Programa del USDA, AD-3027, disponible en línea en [Cómo Presentar una Queja por Discriminación en el Programa](#) y en cualquier oficina del USDA, o escriba una carta dirigida al USDA e incluya en ella toda la información solicitada. Para solicitar una copia del formulario de queja, llame al (866) 632-9992. Envíe su formulario o carta completos al USDA por:

(1) Correo:

U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; o

(2) Fax:

(202) 690-7442; o

(3) Correo electrónico:

program.intake@usda.gov



Michelle Lujan Grisham, Governor
Kari Armijo, Secretary
Alex Castillo Smith, Deputy Secretary
Kathy Slater Huff, Deputy Secretary
Kyra Ochoa, Deputy Secretary
Dana Flannery, Medicaid Director

DISASTER SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM NOTICE OF DECISION

Date: _____
ASPEN Case Number: _____
Head of Household: _____

The decision on your Disaster Supplemental Nutrition Assistance Program (D-SNAP) application is below.

1. ☐ Your application for D-SNAP benefits has been approved. You are certified for the amount below.

Household Size	Maximum Allotment
<input type="checkbox"/> 1	\$291
<input type="checkbox"/> 2	\$535
<input type="checkbox"/> 3	\$766
<input type="checkbox"/> 4	\$973
<input type="checkbox"/> 5	\$1,155
<input type="checkbox"/> 6	\$1,386
<input type="checkbox"/> 7	\$1,532
<input type="checkbox"/> 8	\$1,751
<input type="checkbox"/> Other	+\$219

2. ☐ Your application for D-SNAP benefits has been denied because:

- ☐ The combination of your household's net income and accessible liquid resources exceeds the D-SNAP limits.
☐ You are already receiving regular Supplemental Nutrition Assistance Program (SNAP) Benefits.
☐ You were not residing in an eligible disaster county at the time of the disaster.
☐ You are no longer living in New Mexico.

☐ Other: _____



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For more information about New Mexico Health Care Authority programs or for specific information about your case, call 1-800-283-4465.

You may apply for regular SNAP benefits online at <https://yes.nm.gov> or by calling 1-800-283-4465.

If you disagree with the decision made for your D-SNAP application, you may request a review of your case by a supervisor. You may also request a formal Fair Hearing.

Fair Hearing Rights

You can ask for a hearing if you do not agree with a decision HCA 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.

You can ask for a fair hearing when you apply for benefits and are denied; you disagree with a decision on your case; you believe your benefits were not determined correctly; or a change was made that you do not agree with.

You have 90 days from the date of notice to ask for a fair hearing. If you ask for a hearing within 13 days from the date of the notice, you will continue to get the same amount of benefits you received before we took the action in the notice. You will continue to get these benefits until the HCA decides your case unless another change is made in 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 HCA decided your case. You do not have a right to a fair hearing if HCA's decision that you are challenging was the result of a federal or state mass change. You can ask for a fair hearing the following ways:

- Complete and return the bottom of a notice, or
- Write or call your local ISD office or the Customer Service Center at 1-800-283-4465, or
- Write to the HCA Fair Hearings Bureau at PO Box 2348, Santa Fe, NM 87504-2348, or
- Call the HCA Fair Hearings Bureau at (505) 476-6213.

You have a right to a fair hearing if you do not agree with the decision made on your D-SNAP application. You may request a fair hearing in writing, in person at the local Income Support Division (ISD) office or by calling 1-800-283-4465. You can request your fair hearing in writing by contacting the Office of Fair Hearings at HCA, P.O. Box 2348, Santa Fe, N.M. 87504-2348. You can also call the Office of Fair Hearings at (505)-476-6213.



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**PROGRAMA DE ASISTENCIA SUPLEMENTARIA PARA NUTRICIÓN EN CASO DE
DESASTRES NOTIFICACIÓN DE DECISIÓN**

Fecha: _____
Número del Caso ASPEN: _____
Cabeza de familia: _____

La decisión sobre su solicitud del Programa de Asistencia Suplementaria para Nutrición en caso de Desastres (D-SNAP) se encuentra a continuación.

1. ☐ Su solicitud de beneficios D-SNAP ha sido aprobada. Se le certifica el importe que figura a continuación.

Tamaño de la familia	Asignación máxima
<input type="checkbox"/> 1	\$291
<input type="checkbox"/> 2	\$535
<input type="checkbox"/> 3	\$766
<input type="checkbox"/> 4	\$973
<input type="checkbox"/> 5	\$1155
<input type="checkbox"/> 6	\$1386
<input type="checkbox"/> 7	\$1532
<input type="checkbox"/> 8	\$1751
<input type="checkbox"/> Otra	+\$219

2. ☐ Su solicitud de prestaciones D-SNAP ha sido denegada porque:

- ☐ La combinación de los ingresos netos de su hogar y los recursos líquidos accesibles supera los límites del D-SNAP.
☐ Ya recibe beneficios regulares del Programa de Asistencia Suplementaria para Nutrición (SNAP).
☐ En el momento del desastre no residía o trabajaba en un condado que cumpliera con los requisitos.
☐ Usted ya no vive en Nuevo México.
☐ Otro: _____



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Para obtener más información sobre los programas de la Autoridad de Atención Médica de Nuevo México o para obtener información específica sobre su caso, llame al 1-800-283-4465.

Puede solicitar los beneficios regulares del SNAP en línea en <https://yes.nm.gov> o llamando al 1-800-283-4465.

Si no está de acuerdo con la decisión tomada sobre su solicitud D-SNAP, puede solicitar una revisión de su caso por un supervisor. También puede solicitar una audiencia imparcial formal.

Derechos de audiencia justa

Puede solicitar una audiencia si no está de acuerdo con una decisión tomada por HCA en relación con su solicitud/beneficios. En la audiencia, tendrá la oportunidad de explicar por qué no está de acuerdo. Cada vez que no esté de acuerdo con una decisión tomada en su caso, tiene el derecho de solicitar una audiencia justa con un funcionario que tenga la obligación por ley de revisar los hechos de cada caso de manera justa y objetiva y darle una oportunidad de explicar por qué no está de acuerdo.

Puede solicitar una audiencia justa cuando solicite los beneficios y se le denieguen; cuando no esté de acuerdo con una decisión en su caso; cuando crea que sus beneficios no se determinaron de forma correcta; o se hizo un cambio y no está de acuerdo.

Tiene 90 días desde la fecha del aviso para solicitar una audiencia justa. Si solicita una audiencia dentro de los 13 días de la fecha del aviso, continuará obteniendo el mismo importe de beneficios que recibía antes de que tomemos la medida de este aviso. Seguirá recibiendo estos beneficios hasta que HCA decida sobre su caso, a menos que se produzca otro cambio en el mismo. Es posible que los cambios en los beneficios se realicen después de que usted haya pedido una audiencia si el motivo del cambio es diferente del motivo de la audiencia. Si pierde la audiencia, es posible que tenga que devolver los beneficios que haya recibido mientras HCA decidía sobre su caso. Usted no tiene derecho a una audiencia justa si la decisión de HCA que está cuestionando fue el resultado de un cambio federal o estatal masivo. Puede solicitar una audiencia justa de las siguientes maneras:

- Complete y devuelva la parte inferior del aviso, o
- Escriba o llame a su oficina local de la ISD o al Centro de atención al cliente al 1-800-283-4465; o
- Escriba a la Oficina de Audiencias Justas de HCA, PO Box 2348, Santa Fe, NM 87504-2348, o bien
- Llame a la Oficina de Audiencias Justas de HCA al (505) 476-6213.

Tiene derecho a una audiencia justa si no está de acuerdo con la decisión tomada sobre su solicitud D-SNAP. Puede solicitar una audiencia justa por escrito, en persona en la oficina local de la División de Apoyo a los Ingresos (ISD) o llamando al 1-800-283-4465. Puede solicitar su audiencia justa por escrito poniéndose en contacto con la Oficina de Audiencias Justas en HCA, P.O. Box 2348, Santa Fe, N.M. 87504-2348. También puede llamar a la Oficina de Audiencias Justas al (505)-476-6213.



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D-SNAP Rights and Responsibilities

(The following message must be read with clients before completion of D-SNAP interview)

Please listen closely to the following information about your Rights and Responsibilities including penalties for giving false information for Disaster Supplemental Nutrition Assistance Program (D-SNAP).

- You cannot be discriminated against based on your 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 the United States Department of Agriculture (USDA).
- You have a right to contact the State or local Agency where you applied for benefits, if you are a person with disabilities and need other ways of communication for program information such as braille, large print, audiotape, American Sign Language, etc. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (505) 709-7758. Additionally, program information may be made available in languages other than English.
- You have a right to file a program complaint of discrimination.
- You have a right to file a program complaint with NMHCA by contacting the department in writing by dropping off a request at the local office or mailing to New Mexico Health Care Authority P.O. Box 2348 Santa Fe, NM 87504-2348 or verbally by calling the consolidated customer service center at 1-800-283-4465.
- You may file a civil rights complaint with NMHCA and USDA or only NMHCA. To file a civil rights complaint with NMHCA, contact NMHCA at 1-800-283-4465 and speak to a case worker. The case worker will notify their supervisor who will then notify and give the complaint form to the County Director (CD). The CD is responsible for tracking the complaint.
- If you wish to file a complaint with someone other than the NMHCA, please contact the United States Department of Agriculture (USDA) Director, Center for Civil Rights Enforcement, 1400 Independence Avenue, SW, Washington, DC 20250-9410.
- You have a right to a fair hearing if you do not agree with the decision made on your D-SNAP application. You may request a fair hearing in writing, in person at the local Income Support Division (ISD) office or by calling 1-800-283-4465. You can request your fair hearing in writing by contacting the Office of Fair Hearings

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Version 2.0
Revised 6-7-24



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at HCA, P.O. Box 2348, Santa Fe, N.M. 87504-2348. You can also call the Office of Fair Hearings at (505) 476-6213.

- All information you give is confidential. We cannot give information about your case to other people except under special conditions such as law enforcement officials trying to catch a person fleeing the law, probation, or parole.
- You must agree to cooperate and provide complete and truthful information needed to determine if your household is eligible for benefits. If you knowingly provide incorrect information to receive D-SNAP benefits, you may be subject to criminal prosecution and disqualification from receiving benefits through regular SNAP.
- You must use your D-SNAP benefits correctly. You must not trade or sell your D-SNAP benefits, buy ineligible items like alcohol or tobacco with your D-SNAP benefits, or trade your D-SNAP benefits for illegal drugs, firearms, ammunition, or explosives.
- You may be subject to civil and criminal penalties for violation of the Food & Nutrition Act 2008.

Other important information you need to know about D-SNAP includes:

- If you are receiving regular SNAP benefits, you are not eligible for D-SNAP benefits.
- The identity of the person being interviewed for D-SNAP must be verified.
- The person being interviewed will be asked to provide the Name, Social Security Number (SSN) if available, and Date of Birth (DOB) for each household member, the current address & county of residence, the income received during the disaster period for each household member, all liquid resources such as cash on hand, money market accounts, checking and savings account balances for each household member, and the cost of the household's disaster-related expenses.
- You will be mailed a notice of eligibility or ineligibility and the amount of your household allotment, if eligible.
- If you are determined eligible to receive D-SNAP benefits, a Disaster New Mexico Purchase (EBT) Card will be distributed to you. You can use these benefits to buy food at participating retailers nationwide.
- D-SNAP benefits expire 274 days or nine months after inactivity. Any benefits remaining after this date will be lost and cannot be reinstated.
- A post-disaster review of your D-SNAP application may be conducted to ensure program integrity in the D-SNAP.
- If your household is issued D-SNAP benefits, you may apply for regular SNAP benefits prior to the expiration of the D-SNAP benefit period but may only receive

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regular SNAP benefits the first day after the end of the D-SNAP benefit period or from the date of application, whichever is later.

- You can apply for regular SNAP benefits by calling (800) 283-4465, filling out an online application at <https://yes.nm.gov>, visiting any local office, or by mailing or faxing in a paper application.



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Derechos y responsabilidades del programa D-SNAP

(El siguiente mensaje debe leerse con los clientes antes de finalizar la entrevista D-SNAP)

Preste atención a la siguiente información sobre sus Derechos y Responsabilidades, incluyendo las sanciones por dar información falsa para el Programa de Asistencia Suplementaria para Nutrición en caso de Desastre (D-SNAP, por sus siglas en inglés).

- No se le puede discriminar por motivos de raza, color, origen nacional, sexo, credo religioso, discapacidad, edad, creencias políticas o represalias por actividades anteriores en defensa de los derechos civiles en ningún programa o actividad llevados a cabo o financiados por el Departamento de Agricultura de Estados Unidos (USDA, por sus siglas en inglés).
- Tiene derecho a ponerse en contacto con la Agencia estatal o local donde solicitó los beneficios, si es una persona con discapacidades y necesita otras formas de comunicación para obtener información sobre el programa, como braille, letra grande, cinta de audio, lenguaje de señas americano, etc. Las personas sordas, con dificultades auditivas o con discapacidades del habla pueden ponerse en contacto con el USDA a través del Servicio Federal de Retransmisión llamando al (505) 709-7758. Asimismo, la información sobre los programas puede estar disponible en otros idiomas además del inglés.
- Tiene derecho a presentar un reclamo por discriminación en el programa.
- Usted tiene derecho a presentar un reclamo al programa con NMHCA poniéndose en contacto con el departamento por escrito, a través de una solicitud en la oficina local o por correo a La Autoridad de Atención Médica de Nuevo México P.O. Box 2348 Santa Fe, NM 87504-2348 o verbalmente llamando al centro consolidado de atención al cliente al 1-800-283-4465.
- Puede presentar un reclamo sobre derechos civiles ante NMHCA y el USDA o sólo ante NMHCA. Para presentar una queja sobre derechos civiles ante NMHCA, póngase en contacto con NMHCA llamando al 1-800-283-4465 y hable con un asistente social. El asistente social lo notificará a su supervisor, quien a su vez notificará y entregará el formulario de queja al Director del Condado (DC). El DC es responsable del seguimiento de la denuncia.
- Si desea presentar una queja ante una persona distinta del NMHCA, póngase en contacto con el Director del Departamento de Agricultura de Estados Unidos (USDA), Centro de Cumplimiento de los Derechos Civiles, 1400 Independence Avenue, SW, Washington, DC 20250-9410.

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- Tiene derecho a una audiencia justa si no está de acuerdo con la decisión tomada sobre su solicitud D-SNAP. Puede solicitar una audiencia justa por escrito, en persona en la oficina local de la División de Apoyo a los Ingresos (ISD) o llamando al 1-800-283-4465. Puede solicitar su audiencia justa por escrito poniéndose en contacto con la Oficina de Audiencias Justas en HCA, P.O. Box 2348, Santa Fe, N.M. 87504-2348. También puede llamar a la Oficina de Audiencias Justas al (505) 476-6213.
- Toda la información que facilite es confidencial. No podemos dar información sobre su caso a otras personas salvo en condiciones especiales, como agentes de la ley que intentan atrapar a una persona que huye de la ley, en libertad condicional o bajo palabra.
- Debe comprometerse a cooperar y a facilitar la información completa y veraz necesaria para determinar si su unidad familiar tiene derecho a recibir los beneficios. Si usted proporciona información incorrecta a sabiendas para recibir beneficios de D-SNAP, puede ser objeto de enjuiciamiento penal y la descalificación de recibir beneficios a través de SNAP regular.
- Debe utilizar correctamente sus prestaciones D-SNAP. No debe intercambiar o vender sus beneficios del D-SNAP, comprar artículos no elegibles como alcohol o tabaco con sus beneficios del D-SNAP, ni intercambiar sus beneficios del D-SNAP por drogas ilegales, armas de fuego, municiones o explosivos.
- Puede estar sujeto a sanciones civiles y penales por infringir la Ley de Alimentación y Nutrición de 2008.

Otra información importante que debe conocer sobre D-SNAP es la siguiente:

- Si usted está recibiendo beneficios regulares de SNAP, no es elegible para recibir beneficios de D-SNAP.
- Debe comprobarse la identidad de la persona entrevistada para el D-SNAP.
- Se pedirá a la persona entrevistada que facilite el nombre, el número de la Seguro Social si lo tiene, y la fecha de nacimiento de cada miembro de la unidad familiar, la dirección actual y el condado de residencia, los ingresos percibidos durante el periodo de la catástrofe por cada miembro de la unidad familiar, todos los recursos líquidos como dinero en efectivo, cuentas del mercado monetario, saldos de cuentas corrientes y de ahorro de cada miembro de la unidad familiar, y el coste de los gastos de la unidad familiar relacionados con el desastre.
- Se le enviará por correo una notificación de elegibilidad o no elegibilidad y el importe de su asignación familiar, si es elegible.
- Si se determina que usted es elegible para recibir beneficios de D-SNAP, se le distribuirá una Tarjeta de Compra para casos de Desastre de Nuevo México

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(EBT). Puede utilizar estos beneficios para comprar alimentos en los comercios participantes de todo el país.

- Las prestaciones del D-SNAP caducan a los 274 días o nueve meses de inactividad. Las prestaciones restantes después de esta fecha se perderán y no podrán restablecerse.
- Es posible que se lleve a cabo una revisión de su solicitud del D-SNAP posterior al desastre para garantizar la integridad del programa en el D-SNAP.
- Si su hogar recibe beneficios de D-SNAP, puede solicitar beneficios regulares de SNAP antes del vencimiento del período de beneficios de D-SNAP, pero sólo puede recibir beneficios regulares de SNAP el primer día después del final del período de beneficios de D-SNAP o a partir de la fecha de solicitud, lo que ocurra más tarde.
- Puede solicitar las prestaciones regulares de SNAP llamando al (800) 283-4465, completando una solicitud en línea en <https://yes.nm.gov>, visitando cualquier oficina local, o enviando por correo o fax una solicitud en papel.

STOP

If you are currently receiving benefits through the Supplemental Nutrition Assistance Program you are not eligible for the Disaster Supplemental Nutrition Assistance Program.

ALTO

Si actualmente recibe beneficios a través del Programa de Asistencia Nutricional Suplementaria (SNAP, por sus siglas en inglés), no es elegible para el Programa de Asistencia Nutricional Suplementaria para Desastres (D-SNAP, por sus siglas en inglés).

ATTENTION

ANTI-FRAUD WARNING

You must tell the truth when you apply for D-SNAP benefits, replacements, and supplements.

You may not sell, trade, or give away your EBT card.

You may NOT receive Disaster Supplemental Nutrition Assistance twice for the same disaster.

All applications are subject to review.

If you get benefits to which you are not entitled, you WILL be required to pay them back.

If you break the SNAP rules you may be disqualified from the program, fined up to \$250,000, and/or put in jail for up to 20 years.

ATENCIÓN

ADVERTENCIA ANTIFRAUDE

Debe decir la verdad cuando solicite los beneficios y los suplementos de D-SNAP.

No puede vender, intercambiar ni regalar su tarjeta EBT.

NO puede recibir Asistencia Nutricional Suplementaria para Desastres dos veces por el mismo desastre. Todas las solicitudes están sujetas a revisión.

Si recibe beneficios a los que no tiene derecho, SE le pedirá que los devuelva.

Si infringe las reglas del SNAP, puede ser descalificado del programa, multado con hasta \$250,000 o encarcelado por hasta 20 años.

ATTENTION

Duplicate Participation Check

All D-SNAP applications will be reviewed to ensure that your household is not participating in SNAP and that you have not already applied for or received D-SNAP benefits for this disaster.

You may not receive D-SNAP more than once for the same disaster.

Households applying for D-SNAP more than once will be referred to fraud investigators for review.

ATENCIÓN

Verificación de participación duplicada

Se revisarán todas las solicitudes de D-SNAP para garantizar que su hogar no está participando en SNAP y que usted aún no haya solicitado ni recibido los beneficios del D-SNAP para este desastre.

No podrá recibir el beneficio de D-SNAP más de una vez por el mismo desastre.

Los hogares que apliquen para D-SNAP mas de una vez, seran referidos a investigadores fradulentos para revision.