

Manual Revision Memorandum

ISD-MR 17-15

TO: ISD Employees
FROM: Mary Brogdon,  Director, Income Support Division
DATE: October 20, 2017
RE: Forms Manual Revision for ISD 109 Change Report

Form ISD 109 "Change Report" has been updated with language to attain a sixth grade reading level. The purpose of this form is for recipients to report a change. This form is not available in ASPEN. Recipients may also use YES NM to report their changes.

Instruction:

New- Form ISD 109 Change Report revised 9/6/17
Form ISD 109 Change Report Spanish revised 9/6/17

Old- Form ISD 109 Change Report revised 12/31/15
Form ISD 109 Change Report Spanish revised 12/31/15

This form has been posted to the forms drive: \\disfasv025\ISDForms

If you have questions regarding this MR, please contact Gavino Archuleta at (505) 827-7244 or by e-mail at Gavino.Archuleta@state.nm.us.

Attachment: Form ISD 109 Change Report revised 9/6/17
Form ISD 109 Change Report Spanish revised 9/6/17

CHANGE REPORT

INCOME SUPPORT DIVISION

Case name	Case number	Client name & phone number	Date
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You must report to ISD any changes in your household that will affect your benefits. You should report the changes as soon as possible.

- For SNAP food or cash benefits, report a change by the 10th day of the month after it happens.
- For health benefits, report a change within 10 days after it happens.

Use the form below to tell us about the changes you are reporting.

1. Give us the date of each change
2. We may need documents that show the new information. These documents are called "proofs."

Your copy of this form is your receipt. Please keep it for your records.

1. You & people who live with you	Describe the change	Date of change	Is proof attached?
<input type="checkbox"/> Address			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Someone new has moved in			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Someone has moved out			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Social Security number (for people asking for benefits or getting them)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Income & things you own			
<input type="checkbox"/> Job change – provide proof			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New income – provide proof			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Loss of income – provide proof			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Things I own (such as bank accounts, property or stocks)			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Monthly expenses			
<input type="checkbox"/> Rent, mortgage, or heating or cooling costs			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Childcare or adult care costs			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Child support paid			<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Other:			<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Signature		
Signature of applicant or participant X _____	Date _____	Client phone number _____
<input type="checkbox"/> Check here if phone signature.		

Register to Vote: If YOU are NOT registered to vote where you live now, would you like to register to vote here today? (Please check one.) YES NO
 IF YOU DO NOT CHECK A BOX, YOU WILL HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. The NATIONAL VOTER REGISTRATION ACT gives you the chance to register to vote here. If you would like help in filling out a registration form, we will help. Asking for or getting help is up to you. You may fill out the application form in private.

IMPORTANT: Applying to register to vote or choosing not to WILL NOT CHANGE the benefits that this agency will give you. **CONFIDENTIALITY:** If you do or do not register to vote, your decision will stay confidential. You may file a complaint IF YOU THINK THAT SOMEONE HAS INTERFERED with your right to register to vote, or to choose not to. Or, with your right to privacy in deciding to register or in applying. Or, with your right to choose your own party or other political preference. You may file your complaint with the Office of the Secretary of State, 419 State Capital, Santa Fe, NM 87503 (phone: 1-800-477-3632).

OFFICE USE ONLY	Date Received:	Received By:	Verification as indicated is attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Proof Received: <input type="checkbox"/> Person <input type="checkbox"/> Drop Box <input type="checkbox"/> Fax/Mail/E-mail	Processed by:	Is more Proof Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Action Completion Date: