

# **TANF/New Mexico Works (NM Works)**

## **REQUEST FOR DIFFERENT AND/OR LESS WORK ACTIVITIES**

### **NM Works Program Requirements and Exemptions**

NM Works, also called Temporary Assistance for Needy Families (TANF), provides a cash benefit to families with children. You can apply for NM Works through the Income Support Division (ISD). Adults who get NM Works must do monthly work activities that meet state rules. Many NM Works participants are exempt from this requirement. Adults who are exempt have a right to do work activities that are based on their circumstances. This is called Limited Work Participation.

### **Use This Form To Ask for Limited Work Participation**

Adults who are eligible for limited work participation have a right to do different and/or less monthly work activities. There is no minimum work hour requirement for limited work participation. You can use this form to tell ISD if your situation makes you eligible for limited work participation. Once you submit your request:

1. ISD has 30 days to review your request (NMAC 8.102.420.11(F));
2. ISD must tell you if they need documents they need to decide if you get Limited Work Participation (NMAC 8.100.130.8(A)(2)(d));
3. ISD must assign you limited work participation while they review your request (NMAC 8.120.460.13(D)); and
4. ISD must tell you in writing if your request is approved or denied (NMAC 8.102.420.11(G)).

### **Instructions:**

Check the box or boxes that apply to you and complete the other information. Turn the form in to any Income Support Division Office in person, by fax to 1-855-804-8960, or by mailing it to Income Support Division P.O. Box 830, Bernalillo, NM 87004. You should also turn in copies of any documents you have that support your request for Limited Work Participation. ***Make sure you get a receipt!***

I, \_\_\_\_\_, request limited work participation because:

(NAME of NM Works Participant)

- I am a single parent, caring for a child under 1 year.
- I am age 60 or older.
- I am in the third trimester of pregnancy.
- I am a single parent caring for a disabled child under the age of 6, and I cannot find other child care.
- I have a mental or physical disability. (Disability can be temporary or permanent.)
- I am the sole care taker for a disabled individual.
- I am experiencing domestic violence.
- I am currently residing in a domestic violence shelter and request the Family Violence Option.
- I have other circumstances which will make it hard for me to meet my monthly work requirements.

Please explain \_\_\_\_\_.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
ISD Case No.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Address and phone number

**Remember!** Ask for a Fair Hearing if you disagree with an action in your case!

**CALL: (505) 476-6213 to ask for a Fair Hearing**

