



NMW JOB SEARCH ACTIVITY CARD Wage Subsidy Job Search

Name: _____ ASPEN Case and ID #: _____ Weekly Hours: _____ ☐ TANF ☐ SNAP

Job Search Week Start and End Dates: _____ thru _____ Job Search Cards Due Weekly on: _____

Activity Codes: A – Application in person O – On-line application F – Follow-up on application I – Interview R – Resume
RW – Registered for Work W – Workshop C – Call back

Type of Transportation: ☐ Public Transportation ☐ Walked ☐ Personal/Borrowed Vehicle ☐ Family or Friend

Date	Activity Code	Employer or Agency Name	Person Contacted or Website Address	Telephone Number	Comments	Time Used

Total Time: _____

NMW participants: My signature below certifies that the above information is accurate.

Participant Signature: _____ Date: _____

CDS Signature: _____ Date: _____

For CDS: My signature certifies that the activities listed above were verified and that the time spent completing each activity is both reasonable and accurate.

NOTICE OF RIGHTS

CIVIL RIGHTS STATEMENT

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the Supplemental Nutrition Assistance Program may be filed with the USDA, Director, Office of Adjudication, 1400 Independence Ave, S.W., Washington, DC 20250-9410 or call 1-866-632-9992 or 202-401-0216 (TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1169, Dallas, TX 75202 or call 1-800-368-1019 (voice) and 1-214-767-8940 (TDD). (08/16/11)

SPECIAL NEEDS INFORMATION

If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative formats and special accommodations. (08/22/08)



YOUR RIGHT TO A HEARING

You can ask for a hearing if you do not agree with the information in this notice. A hearing will give you a chance to explain why you do not agree. You can ask for a hearing by:

- Completing and returning the bottom of this letter;
- Writing or calling your local HSD office; or
- Writing the department's Hearings Bureau at Human Services Department, P.O. Box 2348, Santa Fe, N.M. 87504-2348, or by calling 1-800-432-6217 (press 6) or 505-476-6213. (Revised 08/16/11)

TIME LIMIT FOR ASKING FOR A HEARING

You have 90 days from the date of this notice to ask for a hearing. If you ask for a hearing within 13 days from the date of this notice, you will continue to get the same amount of benefits you received before we took the action in this notice. You will continue to get these benefits until the Department decides your case, unless another change is made to your case. Changes in benefits may be made after you have asked for a hearing if the reason for the change is not the same as the reason for the hearing. If you lose the hearing, you may have to pay back any benefits you received while the Department decided your case. (Revised 9/24/02)

THE HEARING PROCESS

After you ask for a hearing, the Department will send you a letter telling you the date, time and place where your hearing will be held. The hearing is usually at the HSD county office. The hearing will be conducted by a hearing officer from the HSD Hearings Bureau. You or your representative can look at your case record and any proof we used to decide your case. You will tell why you believe HSD's action was wrong. You may bring witnesses and present proof. You may question the county office about the action taken and proof presented. You may represent yourself. You may be represented by a friend, household member or an attorney. For information on where you can get free legal help, call 1-800-340-9771. After the hearing, the hearing officer will make a report. The HSD Division Director will decide whether the action was right or wrong. After the Director has decided your case, you will be sent a letter telling you of the decision and why the decision was made. (Revised 04/02/03)

PLEASE FILL IN THE SECTION BELOW, ONLY IF YOU WANT TO ASK FOR A HEARING, AND RETURN IT TO YOUR LOCAL INCOME SUPPORT OFFICE OR TO THE HEARINGS BUREAU.

☐ I am asking for a hearing. I do not agree with what the Human Services Department told me in this notice because:

Check one of the boxes below only if you are asking for a hearing:

- ☐ I want to continue receiving the benefits I now receive.
- ☐ I DO NOT want to continue receiving the benefits I now receive.

Printed Name

Signature

Date

Case Number

Phone Number