

KNOW YOUR RIGHTS



Proving You are Exempt from SNAP Work Requirements Due to Disability

People who cannot meet SNAP work requirements due to a physical or mental impairment are exempt from the requirements. **You can be determined exempt due to disability in one of five ways:**

1 By telling ISD if you are applying for or receiving a temporary or permanent disability benefit paid by the government or a private source. This includes Social Security Disability Insurance, Supplemental Security Income (SSI), and General Assistance. ISD can verify if you receive government benefits electronically and should not need additional proof. You may need to show proof that you have applied for these benefits.

2 Showing ISD that you are enrolled in a program for people with disabilities. This includes programs from the Division of Vocational Rehabilitation.

3 ISD determines you have an obvious physical or mental condition that would prevent you from working. If the condition is obvious, you do not need a statement from a medical professional.

4 Tell ISD if you are “Chronically homeless.” Chronically homeless means one of these is true: 1) You have been homeless for more than six months, 2) have been homeless for more than once in the last year, or 3) you are unable to meet basic necessities of everyday life, including shelter, food, lights, heat, water and clothes.

5 Turning in a statement from a medical professional stating that you are disabled. A simple form is provided on the back of this sheet that you can use. The medical professionals that can make this statement or complete the form include:

- Doctors/Physicians
- Physician's Assistants
- Nurse Practitioners
- Nurses
- Designated Representatives of a Physician's Office
- Psychologists (Licensed or Certified)
- Social Workers

If you need a statement from a medical professional please fill out Part 1 of the attached form and ask a medical professional to fill out Part 2.

Additional Exemptions: **You will not have to meet work requirements if you are pregnant or participating in a drug/alcohol treatment or counseling program, mental health counseling program, or a vocational rehabilitation program.** Please tell ISD if any of those apply. Your medical professional can also say if any of those exceptions apply using Part 2 of this form.

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ISD Must Assist You In Turning in Proof: If you have a disability but can't immediately provide a statement from a medical professional, tell the ISD employee that you have a disability and need help documenting that disability. They must assist you.

If Your Benefits Are Terminated, Seek Help:

You have a right to appeal a determination that you are not exempt or that you failed to meet the requirements. File an Appeal by calling 800-283-4465.

Seek legal help by calling:

NM Legal Aid at 1-833-545-4357

NM Center on Law and Poverty 505-255-2840

How to Document Your Exemption

Use the form on the next page to document you are exempt from SNAP work requirements due to a disability or pregnancy. Upload the form to your YES NM Account or turn it in at a local ISD office.

The form may be signed by the following Medical Professionals:

- Doctors/Physicians
- Physician's Assistants
- Nurse Practitioners
- Nurses
- Designated Representatives of a Physician's Office
- Psychologists (Licensed or Certified)
- Social Workers



Documentation of Mental or Physical Impairment

Part 1: To be completed by Participant

Name of Participant: _____ Participant Date of Birth: _____

Patient/participant's authorization: _____

Check all that apply:

Documentation of my disability is attached:

- Documentation from a healthcare provider.
- Documents showing enrollment in Division of Vocational Rehabilitation (Participants must be disabled to participate pursuant to NMAC 6.100.2.21
- I meet the definition of "chronically homeless" so I am unfit for employment pursuant to NMAC 8.139.410.12(B) See IPP 18-04.
- other : _____

- Documentation from Medical Personnel is below:** I hereby authorize the release of the medical information and/or rehabilitation participation requested below to the New Mexico Income Support Division.

Signature _____ Date _____

Part 2: To be completed by Medical Personnel (if applicable).

1. Is the above named participant pregnant? Yes _____ No _____ If yes, due date?
2. Is the above named Participant participating in drug/alcohol treatment or counseling program; mental health counseling program; or a vocational rehabilitation program?
Yes _____ No _____ If yes, specify program:
3. Does the above named Participant have a mental and/or physical impairment which reduces his or her ability to financially support him or herself?

NOTE: *The definition of disability to be exempt from SNAP work requirements is broader than most other definitions of disability found in State and Federal Law. According to the applicable rule at NMAC 8.139.410.14(F)(2)(b), "The Physical and mental unfitness for the three month time limit requirements exception is defined as an individual who has a mental or physical illness or disability, temporary or permanent, which **reduces their ability to financially support themselves.**"*

Yes _____ No _____ If yes, specify disability:

(Name of Attesting Medical Personnel) (Title)

(Signature) (Date)

(Address)

(Telephone Number)