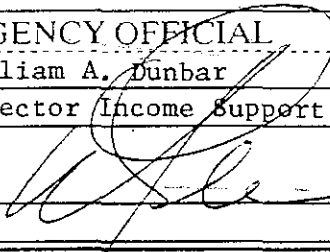


1992

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

TO: REGIONAL ADMINISTRATOR FOR FAMILY ASSISTANCE Department of Health and Human Services REGION <u>VI</u>		STATE New Mexico
TYPE OF PLAN MATERIAL		TRANSMITTAL NUMBER 92-1
<input checked="" type="checkbox"/> AFDC (Title IV-A) <input type="checkbox"/> JOBS (Title IV-F) <input type="checkbox"/> SUPPORTIVE SERVICES	<input type="checkbox"/> New State Plan <input type="checkbox"/> Amendment to be considered as new Plan <input checked="" type="checkbox"/> Amendment [*COMPLETE FOLLOWING SECTIONS]	PROPOSED EFFECTIVE DATE 1-1-92 *FEDERAL REGULATION CITATION 45 CFR, 205.101
*Number of new plan section or attachment IV-A Certification Page effective 1-1-92	*Number of superseded plan section or attachment IV-A certification Page	
*Subject of amendment ndment transmits current certification page		
GOVERNOR'S REVIEW		
<input type="checkbox"/> Governor's office reported no comment <input type="checkbox"/> Comments of Governor's office enclosed <input type="checkbox"/> No reply received within 45 days of submittal		<input checked="" type="checkbox"/> Other [SPECIFY] As approved by Income Support Division Director of Human Services Department
STATE AGENCY OFFICIAL Name <u>William A. Dunbar</u> Title <u>Director Income Support</u> Signature  Date _____	FOR REGIONAL OFFICE USE ONLY	
RETURN TO: Financial Assistance Bureau Human Services Department P.O. Box 2348 - Pollon Plaza Santa Fe, New Mexico 87504-2348		
DATE RECEIVED <u>2/13/92</u>		DATE APPROVED <u>2/14/92</u>
EFFECTIVE DATE OF APPROVED MATERIAL 1/1/92		
REMARKS		

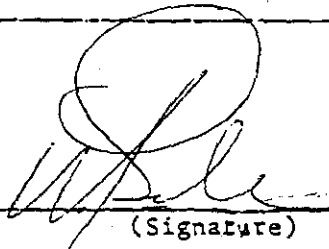
IV-A

STATE OF NEW MEXICO

CERTIFICATION

I hereby certify that I am authorized to submit this State Plan on behalf of
THE NEW MEXICO HUMAN SERVICES DEPARTMENT
(Designated Single State Agency)

Date: 2/4/92

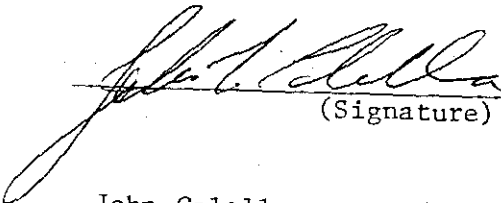


(Signature)

William A. Dunbar
Director, Income Support Division

(Title)

Date: 2/4/92



(Signature)

John Colella
Deputy Director, Income Support Division

(Title)

2/14/92

2-14-92
PQ

IN # 92-1

Approval
Date 2-14-92

Effective
Date 1-1-92

Supersedes
IN # 88-1

IV-A

STATE OF NEW MEXICO

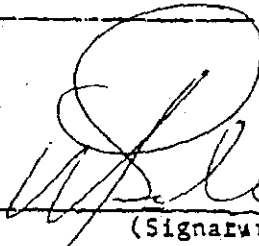
CERTIFICATION

I hereby certify that I am authorized to submit this State Plan on behalf of

THE NEW MEXICO HUMAN SERVICES DEPARTMENT

(Designated Single State Agency)

Date: 2/4/92


(Signature)

William A. Dunbar
Director, Income Support Division
(Title)

Date: 2/4/92


(Signature)

John Colella
Deputy Director, Income Support Division
(Title)

2-14-92
RJR

TR # 92-1

Approval
Date 2-14-92

Effective
Date 1-1-92

Supersedes

IV-A

STATE OF NEW MEXICO

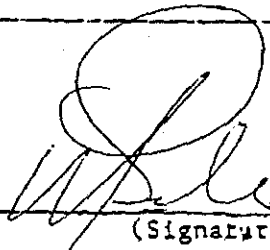
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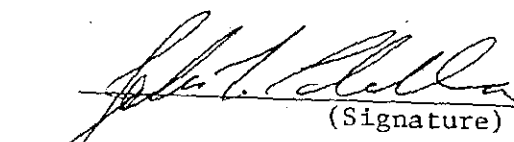
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Date: 2/4/92


(Signature)

William A. Dunbar
Director, Income Support Division
(Title)

Date: 2/4/92


(Signature)

John Colella
Deputy Director, Income Support Division
(Title)

R.D.
2-14-92

TR # 92-1

Approval
Date 2-14-92

Effective
Date 1-1-92

Supersedes

STATE PLAN REVIEW MEMORANDUM

STATE NEW MEXICO

Submittal No. 92-1

Date Submitted 2/13/92

Final Clearance required
By _____

Date Approved/Disapproved _____

ROUTING:

- 1. Plan Clerk DK
- 2. SPS DK
- 3. FMS _____
- 4. _____
- 5. RR
- 6. LM
- 7. DK
- 8. _____

REMARKS/SUMMARY/COMMENTS

Routine

ACTION REQUIRED/BY _____

Financial Implications? Yes ___ NO X

FMS Comments Required? NO X Yes ___ (Attach comments if required)
Attach comments and return by _____

General Counsel Clearance Required? NO X Yes ___

Recommended Action: SPS-- Approval X Disapproval ___ (Explain)
FMS-- Approval ___ Disapproval ___ (Explain)