

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
TRANSMITTAL NUMBER	95-1

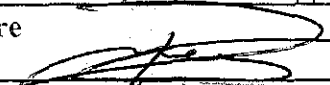
TYPE OF PLAN MATERIAL <input checked="" type="checkbox"/> AFDC (Title IV-A) <input type="checkbox"/> JOBS (Title IV-F) <input type="checkbox"/> SUPPORTIVE SERVICES	<input type="checkbox"/> New State Plan <input type="checkbox"/> Amendment to be considered as new Plan <input type="checkbox"/> Amendment [*COMPLETE FOLLOWING SECTIONS]	PROPOSED EFFECTIVE DATE 1-1-95 *FEDERAL REGULATION CITATION ACF-AT 94-23
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*Number of new plan section or attachment Sec. 2.1 Pages 2 & 3 Sec. 2.2 Pages 1 thru 6 Sec. 2.3 Pages 4,5,6,6a,7e,8,8a,9,9a,9b,10,11 11a, Sec. 2.4 page 4 Sec. 4.1 page 5, Sec. 4.10 Page 1 Sec. 7.1 pages 1,2 & 2a, Att. 2.2-A pages 2 & 3. Att 2.2-D page 3 Att.2.2-G Page 1 Att. 2.3-C page 2 Att. 2.3D pages 1 and 18 Att. 2.3-E page 1 Att. 2.3G page 2 Att. 2.3-J page 1 Att. 2.3K page 1 and ATT. 4.1-A page 1	*Number of superseded plan section or attachment Sec. 2.1 page 2 Sec: 2.2 pages 1 thru 6 Sec. 2.3 pages 4,5,6,6a,7e,8,9,9a,9b,10,11 Sec. 2.4 page 4 Sec. 4.1 page 5 Sec. 7.1 pages 1,2,2a, Att. 2.2-A page 2 Att.2.2-D page 3 Att. 2.3-C page 2 Att.2.3D page 1 Att. 2.3-E page 1 Att. 2.3G page 2 Att. 2.3-J page 1
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GOVERNOR'S REVIEW

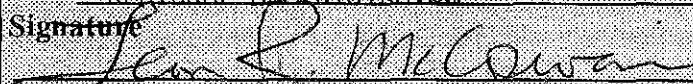
<input type="checkbox"/> Governor's office reported no comment <input type="checkbox"/> Comments of Governor's office enclosed <input type="checkbox"/> No reply received within 45 days of submittal	<input checked="" type="checkbox"/> Other [SPECIFY] As approved by Income Support Director of Human Services Dept.
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STATE AGENCY OFFICIAL

Name Roberto Salazar
 Title Director, Income Support Division
 Signature 
 Date 3/16/95

FOR REGIONAL OFFICE USE ONLY

REGIONAL OFFICIAL FS 2-21

Name LEON MCCOWAN
 Title REGIONAL ADMINISTRATOR
 Signature 

RETURN TO:

Human Services Department
 ISD-Financial Assistance Bureau
 PO Box 2348
 Santa Fe NM 87504-2348

DATE RECEIVED <u>MAR 21 1995</u>	DATE APPROVED <u>APR 25 1995</u>
EFFECTIVE DATE OF APPROVED MATERIAL <p style="text-align: center;"><u>JAN 0-1 1995</u></p>	

REMARKS

STATE PLAN REVIEW MEMORANDUM

STATE: NEW MEXICO

SUBMITTAL NO.: 95-1

DATE SUBMITTED: 3/16/95

FINAL CLEARANCE REQUIRED BY: 4/16/95

Date Approved/Disapproved 4/18/95 RNS

ROUTING:

- 1. Plan Clerk D. MOORE 4/18/95
- 2. SPS ~~B. Sedano~~ B. Stuss RNS
- 3. FMS B. Stuss RNS 4/18/95
- 4. ~~R. Sedano~~
- 5. ~~D. MOORE~~
- 6. ~~N. Goldberger~~
- 7. ~~L. McCordan~~
- 8. D. MOORE

REMARKS/SUMMARY/COMMENTS: There are no changes in State Plan options. However, due to State Plan material that has been updated, the state has submitted their "Plan" on the newly formatted pages.

Preprint update only

ACTION REQUIRED/BY N/A

Financial Implications? Yes ___ No

FMS Comments Required? Yes ___ No (Attach comments if required)

Attach comments and return by _____.

General Counsel Clearance Required? Yes ___ No ___

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