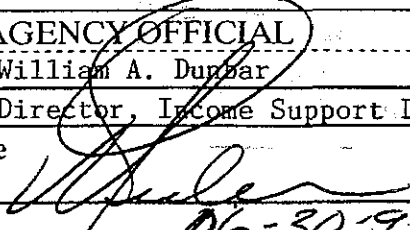



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

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 AFDC 93-1
<input checked="" type="checkbox"/> AFDC (Title IV-A)	<input type="checkbox"/> New State Plan	PROPOSED EFFECTIVE DATE
<input type="checkbox"/> JOBS (Title IV-F)	<input type="checkbox"/> Amendment to be considered as new Plan	*FEDERAL REGULATION CITATION
<input type="checkbox"/> SUPPORTIVE SERVICES	<input checked="" type="checkbox"/> Amendment [*COMPLETE FOLLOWING SECTIONS]	
*Number of new plan section or attachment Section 3 page 1, 1-a and 1-b Attachment 3-A Page 1, 1-a and 1-b	*Number of superseded plan section or attachment Section 3 page 1 Attachment 3-A Page 1	
*Subject of amendment Implementation of Emergency Assistance to needy families with Children		
GOVERNOR'S REVIEW		
<input type="checkbox"/> Governor's office reported no comment	<input checked="" type="checkbox"/> Other [SPECIFY]	As approved by Income Support Div. Director of Human Services Department
<input type="checkbox"/> Comments of Governor's office enclosed		
<input type="checkbox"/> No reply received within 45 days of submittal		
STATE AGENCY OFFICIAL	FOR REGIONAL OFFICE USE ONLY	
Name <u>William A. Dunbar</u>	REGIONAL OFFICIAL	
Title <u>Director, Income Support Division</u>	Name <u>Leon R. McCowan</u>	
Signature 	Title <u>Regional Administrator</u>	
Date <u>06-30-93</u>	Signature 	
RETURN TO: Financial Assistance Bureau Human Services Department P.O. Box 2348-Pollon Plaza Santa Fe, New Mexico 87504-2348	DATE RECEIVED 07-06-93	DATE APPROVED 07-07-93
	EFFECTIVE DATE OF APPROVED MATERIAL	
REMARKS		