

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

REGIONAL ADMINISTRATOR FOR FAMILY ASSISTANCE Department of Health and Human Services REGION <u>VI</u>	STATE New Mexico
	TRANSMITTAL NUMBER 94-3

TYPE OF PLAN MATERIAL		PROPOSED EFFECTIVE DATE 7-1-94
<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]	*FEDERAL REGULATION CITATION CFR 45-233.33

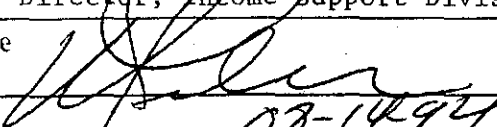
Number of new plan section or attachment Attachment 2.3-J Page 1 Attachment 2.3 A Pages 1k and 1k1	*Number of superseded plan section or attachment Attachment 2.3-J Page 1 Attachment 2.3 A Pages 1k and 1k1
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Subject of amendment
 Budgeting

GOVERNOR'S REVIEW

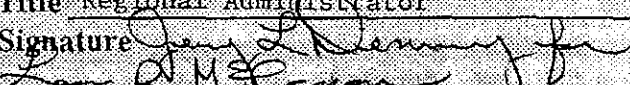
Governor's office reported no comment
 Comments of Governor's office enclosed
 No reply received within 45 days of submittal
 Other [SPECIFY]

STATE AGENCY OFFICIAL

Name William A. Dunbar
 Title Director, Income Support Division
 Signature 
 Date 08-14-94

FOR REGIONAL OFFICE USE ONLY

REGIONAL OFFICIAL

Name Leon R. McCowan
 Title Regional Administrator
 Signature 

RETURN TO:

Human Services Department
 Financial Assistance Bureau
 P.O. Box 2348
 Santa Fe, NM 87504-2348

DATE RECEIVED 08-18-94	DATE APPROVED 09-15-94
EFFECTIVE DATE OF APPROVED MATERIAL 07-01-94	

REMARKS

B. Bluss

#1313

STATE PLAN REVIEW MEMORANDUM

STATE: NEW MEXICO

SUBMITTAL NO.: 94-3

DATE SUBMITTED: 8/18/94

FINAL CLEARANCE REQUIRED BY: 9/16/94

Date Approved/Disapproved
9/15/94

- ROUTING:
1. Plan Clerk J. R. Moore
 2. SPS B. Bluss 9/15/94 RHS
 3. FMS B. Scott 9/15/94 JBS
 4. R. RUDIGER/T. HARRIS 9/15/94
 5. T. BROWN
 6. A. BOLD 9-16-94
 7. F. McMANUS
 8. D. MOORE

REMARKS/SUMMARY/COMMENTS: This updates the State Plan to agree with regulation requiring the \$90 income disregard. It also refines estimating procedures to more clearly define how the estimate of income is to be calculated. AFDC-QC has also agreed that this change is beneficial to their review of the review month payment.

ACTION REQUIRED/BY N/A

mailed 9/19/94

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) _____