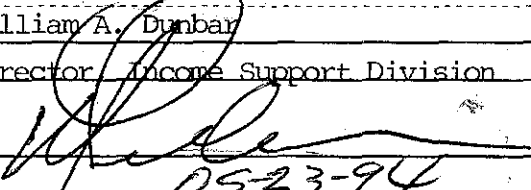



TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

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 94-2
<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 7-1-94 *FEDERAL REGULATION CITATION CFR 45-233.20
*Number of new plan section or attachment Attachment 2.3A Page 1a	*Number of superseded plan section or attachment Attachment 2.3A Page 1a	
*Subject of amendment Standard of Need		
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 Department
STATE AGENCY OFFICIAL Name <u>William A. Dunbar</u> Title <u>Director, Income Support Division</u> Signature  Date <u>05-23-94</u>		FOR REGIONAL OFFICE USE ONLY
RETURN TO: HSD-Income Support Division Financial Assistance Bureau PO Box 2348 Santa Fe NM 87504-2348		REGIONAL OFFICIAL Name <u>Leon R. McCowan</u> Title <u>Regional Administrator</u> Signature 
		DATE RECEIVED <u>05-31-94</u> DATE APPROVED <u>JUN 03 1994</u> EFFECTIVE DATE OF APPROVED MATERIAL <u>07-01-94</u>
REMARKS <div style="text-align: center; opacity: 0.5;"> RECEIVED JUN 31 1994 FINANCIAL ASSISTANCE BUREAU </div>		

RWS
6/2/94

421.1 Standard for
One Person or Family
Groups Living at Home
(AFDC/GA/RRP/MAWC)

For one person.....	\$227
For two persons.....	\$304
For three persons.....	\$381
For four persons.....	\$458
For five persons.....	\$534
For six persons.....	\$611
For seven persons.....	\$668
For eight persons.....	\$764
For nine persons.....	\$841
For ten persons.....	\$918
For Eleven Persons.....	\$995
For Twelve Persons.....	\$1071

For Each Person over 12 add \$77.

TN# 94-2 Approval date JUN 03 1994 Effective Date 7-1-94
Supersedes TN# 94-1

RHS
6/2/94

STATE PLAN REVIEW MEMORANDUM

STATE: N/A

SUBMITTAL NO.: 94-2

DATE SUBMITTED: 5/31/94

FINAL CLEARANCE REQUIRED BY: 7/7/94

Date Approved/Disapproved
6/2/94

ROUTING:

- 1. Plan Clerk D. Moore
- 2. SPS B. Blum RRS 6/2/94
- 3. FMS J. Boag-Scott 6/2/94
- 4. ~~XXXXXXXXXX~~ Wright 6/2/94
- 5. ~~XXXXXXXXXX~~ 6/2/94
- 6. ~~XXXXXXXXXX~~ 6/2/94
- 7. LEON ~~XXXXXXXXXX~~
- 8. ~~XXXXXXXXXX~~

REMARKS/SUMMARY/COMMENTS: Payment standard increase authorized by recent State legislative action. The increase is approximately 8.5%.

Supersedes TN-94-1

ACTION REQUIRED/BY marked 6/7/94

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)