EXHIBIT 1
4. You and People Who Live with You

Please list everyone that lives in your household even if you do not want to apply for them. You only have to give U.S. Citizenship and Social Security Numbers for those household members that you are applying for. Remember that you do not need to be a U.S. Citizen to apply. Receiving SNAP/food, energy or medical assistance will not prevent you from becoming a lawful permanent resident or U.S. Citizen. Non-citizen immigrants not requesting assistance for themselves do not need to give immigration status information, Social Security Numbers, or other similar proofs; however, they must give proof of income and things they own because part of their income and things they own may count towards the household’s eligibility for assistance. Certain benefits may be available for people without a Social Security Number; ask a caseworker.

- List names and information for yourself and all the people who live with you:

<table>
<thead>
<tr>
<th>Name (First and Last)</th>
<th>Relationship</th>
<th>Sex/M/F</th>
<th>Date of Birth</th>
<th>Race &amp; Ethnicity (Optional)</th>
<th>Are you asking for help for this person?</th>
<th>Citizenship Immigration Status 1-14</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>(Self)</td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>☐ YES ☐ NO</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Citizenship/Immigration Status: For each person applying for help, choose from the numbers below that best describes their U.S Citizenship or Immigration Status and write the number above.

1 – U.S. Citizen
5 – Cuban Haitian Entrants
9 – Battered Woman/Children
13 – Human Trafficking Victim
2 – Lawful Perm Resident (LPR)
6 – Amerasians
10 – Veterans, Active Duty Military
14 – Other
3 – Refugee
7 – Paroled to U.S. – 1 year
11 – Hmong or Laotian Tribe
12 – Canada/Mexico Native American

- Please answer either “Yes” or “No” to each item below about you and all people living with you:

  - Disabled? ☐ Yes ☐ No
  - Buying and preparing meals with others? ☐ Yes ☐ No
  - Getting benefits in another state? ☐ Yes ☐ No
  - Living on a Native American Reservation? ☐ Yes ☐ No
  - Getting Native American Food Commodities? ☐ Yes ☐ No
  - Paying room and board? ☐ Yes ☐ No
  - College student(s)? ☐ Yes ☐ No
  - Disqualified from assistance programs? ☐ Yes ☐ No
  - Voluntary quit job(s) in the last 60 days? ☐ Yes ☐ No
  - Worker(s) on strike or lockout? ☐ Yes ☐ No
  - In violation of probation or parole? ☐ Yes ☐ No
  - Fleeing felon(s)? ☐ Yes ☐ No

To lock in your application date, you only need to fill out sections 1 through 4, sign below and turn it in. To receive help you must complete the whole application and turn it in.

5. Income

Gross income is counted to determine your eligibility for assistance. Gross income means a household’s total income before deductions.

- Check any income you may have including benefits for you and all people living with you:

  - Employment
  - Self Employment
  - Workers Compensation
  - Unemployment
  - Cash Assistance
  - Child Support
  - Social Security
  - Retirement
  - Annuities
  - Dividends/Interest
  - Veterans
  - Military
  - Tribal Monies
  - Rental Income
  - Other

- List all the income information for you and each person living with you:

<table>
<thead>
<tr>
<th>Person with Income</th>
<th>Income from?</th>
<th>$ Monthly Amount Before Tax Deductions</th>
<th>How Often Received?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
<td>Daily, Weekly, Biweekly, Monthly, Semi Monthly</td>
</tr>
<tr>
<td></td>
<td></td>
<td>$</td>
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<td>$</td>
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<tr>
<td></td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

ISD 100 Revised 04/01/2010
9. Medical Health Insurance Coverage

Fill this out if you are applying for medical assistance - By accepting medical assistance, you assign (give) HSD all rights to medical support and to payment for medical care from a third party. A third party can include an insurance company or another person who must pay for your medical care and services. You must help HSD find out about any third parties who may have to pay for your medical care. If you don’t help HSD find out about these third parties, you may not be approved or parents may lose their medical assistance, unless you show a good reason for not helping HSD.

► Have you or anyone that lives with you recently dropped health insurance in the last 6 months?    □ YES    □ NO
► If yes, what is the date it was dropped?    For whom?
► Explain the reason insurance was dropped:
► Do you have any unpaid bills for medical services received in the last 3 months?    □ YES    □ NO
► List all private health insurance and Medicare information for you and all people living with you:

<table>
<thead>
<tr>
<th>Persons Covered</th>
<th>Insurance Company Name</th>
<th>Member ID #</th>
<th>Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Parent(s) Not Living at Home

Fill this out if you are applying for cash or medical assistance. By accepting cash or medical assistance, you assign (give) HSD rights to collect child support from the child’s absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so, such as domestic violence; ask a caseworker. If it is decided that you have to work with the Child Support Office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.

► Please list all the information for Absent Parents not living with their Children:

<table>
<thead>
<tr>
<th>Absent Parent(s) Name</th>
<th>His/Her Children’s Names</th>
<th>Absent Parent Address</th>
<th>Absent Parent Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. Register to Vote

If YOU ARE NOT registered to vote where you live now, Would you like to register to vote here today?    (Please check one)    □ YES    □ NO
If YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

The NATIONAL VOTER REGISTRATION ACT provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

IMPORTANT: Applying to register or declining to register to vote WILL NOT AFFECT the amount of assistance that you will be provided by this agency.

Signature

Date

CONFIDENTIALITY: Whether you decide to register to vote or not, your decision will remain confidential. IF YOU BELIEVE THAT SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, or your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Office of the Secretary of State, 419 State Capitol, Santa Fe, NM, 87503, (phone: 1-800-477-3632).

12. Your Application Signature

Your signature makes this application valid and cannot be processed unless signed. Your signature also is an indication of the following:

- I understand that making false statements or hiding information could mean State and Federal penalties and I have given HSD true, correct and complete information.
- I am declaring the identity of the children under age 16 for whom I am applying.
- I will give proof of income I report to HSD. If I cannot get proof, I know that I can ask HSD to help me and I will let HSD contact other people, and companies to get proof.
- I will let HSD give limited information to approved agencies which give other related help for which I may be eligible.
- I understand that if I receive benefits for which I am not eligible, that I may have to repay HSD back for those benefits.
- I know that HSD will check the information that I give. HSD may use computers or other means to check the information on this form.
- I know that HSD will check the immigration status of people who apply for or get benefits. I understand that immigration status for any household member that I am applying for may be subject to verification by USCIS (INS), and that it may affect the household’s eligibility and level of benefits.
- I understand that I must cooperate with Quality Control (QC). QC is a part of HSD. QC reviews cases to make sure we determine who can get help correctly.
- I have been given an information sheet explaining my rights and responsibilities including, expedited SNAP/food assistance, SNAP/food penalties and program violations, fair hearing rights and more. I understand that these will also be explained to me during my appointment for an interview.

To withdraw your application for any program, initial the box of the program

► SNAP/food    □ Medical    □ Cash    □ Energy

I affirm under penalty of perjury that the statements made about persons in my home, income, and all other information I have given HSD are true and correct. Your authorized representative may also sign here.

► Sign Here X

Today’s Date

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1. Special Needs Information

If you are a person with a disability and you require this information in an alternative format, or require a special accommodation to participate in any public hearing, program or services, please contact the NM Human Services Department toll-free at 1-800-432-6217 or through the New Mexico Relay System TDD at 1-800-659-8331 or by dialing 711. The Department requests at least 10 days advance notice to provide requested alternative forms and special accommodations. (08/22/08)

2. Your Civil Rights

All programs administered by the Human Services Department (HSD) are equal opportunity programs. If you believe you have been treated unfairly because of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program, you may file a complaint. Complaints of discrimination may be filed with the New Mexico Human Services Department central office or the local Human Services county office. Complaints of discrimination about the SNAP/food program may be filed with the USDA, Director, Office of Civil Rights Room 326 W. Whitten Blvd., 1400 Independence Ave. S.W. Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). Complaints of discrimination about Cash Assistance and Medical Assistance programs may be filed with the Office of Civil Rights, Department of Health & Human Services, 1301 Young Street, Suite 1168, Dallas, TX 75202 or call (800) 368-1019 (voice) and (214) 767-6860 (TDD). (08/20/09)

3. Your Privacy

The information you give HSD will be used to determine whether your household is eligible or continues to be eligible to take part in HSD programs. We will check this information through computer matching programs or other means. This information will also be used to make sure that you meet program rules and help us to manage the program.

This information may be given to other Federal and State agencies for official examination, and to law enforcement officials for the purpose of picking up persons fleeing to avoid the law.

If you get benefits that you were not eligible for and have to pay them back, this is called a claim. If your household gets a claim against it, the information on this application including all Social Security Numbers, may be given to Federal and State agencies, as well as private claims collection agencies for claims collection action.

Providing the requested information, including Social Security Numbers of each household member is voluntary. However, each person applying for assistance must give a Social Security Number or it will result in the denial of program benefits to each individual applicant failing to give a Social Security Number. Non-Citizen Immigrants not requesting assistance for themselves do not need to give immigration status information or Social Security Numbers. Any Social Security Numbers given will be used and disclosed in the same manner as Social Security Numbers of eligible household members.

We also check with other agencies, the federal Income and Eligibility Verification Service (IEVS) and The Public Assistance Reporting Information System (PARIS) about the information that you give us. This information may affect your household eligibility and benefit amount.

4. Child Support Enforcement Division

By accepting cash or medical assistance, you assign (give) HSD rights to collect child support from the child's absent parent(s). You must help HSD find the absent parent(s) unless there is a good reason not to do so such as domestic violence; ask a caseworker. If it is decided that you have to work with the Child Support office to establish or enforce child support and you do not, cash benefits may be reduced and eventually lost, and adults may lose their medical assistance.

5. Interview

(a) How soon can I have an appointment for an interview?

- Within 10 working days for SNAP/food and cash assistance, or for expedited SNAP/food assistance, the day you turn in your application
- Certain Medical assistance programs do not require an interview

(b) May I have a telephone interview?

You may have a telephone interview for any of these reasons:

- Age 60+
- Working 20 or more hours/week
- Live too Far from Office
- Transportation
- Disability
- Caring for a Child Under Age 6
- Bad Weather
- Illness
- Caring for Others
- Other Hardships
- When you ask for up to 3 ten-day extensions

6. Proof Information

(a) How many days will I have to give all the proof I need?

- 10 days from the date of your interview is best to receive benefits faster
- 30 days from the date of your application is typical - unless you need more time - if you need more time, ask for more time
- 60 days from the date of your application is the longest - When you ask for up to 3 ten-day extensions

If you do not ask for an extension of time to bring in proof, your case may be denied after 30 days.

(b) What proof should I bring to the interview?

During your interview appointment, your caseworker will ask you questions to determine if you are eligible for the programs for which you have applied. Your caseworker will NOT ask you to give proof of everything. You should be ready to give as many facts about your case as you can. Please refer to the chart called, Examples of Proof as a general guide to help you decide which proof items you will need. If your caseworker has unresolved questions about your eligibility, you will be asked to give proof. Your caseworker will give you a list of everything you still need to give, along with a receipt for proof you provided. If you need help, ask your caseworker for help.
### Examples of Proof

<table>
<thead>
<tr>
<th>Where you Live</th>
<th>Utility bill, Rent agreement, letter addressed to you at your address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social Security Number</td>
<td>Social Security card or letter from the Social Security Administration (SSA) with your name &amp; number</td>
</tr>
<tr>
<td>Identity</td>
<td>You may give any of these if they prove identity, relationship or age: Driver’s License, Social Security card, Birth or baptism certificate(s), Citizenship/naturalization records, Indian census records, certificate of Indian Blood (CIB), government records, court records, voter registration card, divorce papers, U.S. Passport, school or day care records, insurance policies, church records or family bible, letter from a Dr., religious or school official, or someone who knows you, the child’s relationship to you and knows the child’s date of birth. <strong>Note:</strong> The Medicaid program will require specific identification proof.</td>
</tr>
<tr>
<td>Relationship</td>
<td>Most programs do not require proof of U.S. Citizenship. For medical assistance, the federal government now requires that all individuals give certain ORIGINAL documents (not copies) that verify Citizenship, Identity or proof of Legal Permanent Status. Original documents will be copied and returned.</td>
</tr>
<tr>
<td>Age</td>
<td>Proof of Citizenship and ID together</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>U.S. Citizenship</th>
</tr>
</thead>
<tbody>
<tr>
<td>• A Passport</td>
</tr>
<tr>
<td>• A certificate of naturalization (Form 550 or N-570)</td>
</tr>
<tr>
<td>• A certificate of U.S. Citizenship (N-560 or N-561)</td>
</tr>
<tr>
<td>• A certificate of Indian Blood (CIB)</td>
</tr>
<tr>
<td>Proof of Citizenship Alone</td>
</tr>
<tr>
<td>• U.S. birth certificate</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Immigrant Status</th>
<th>If you are an immigrant applying for assistance, you will have to provide original USCIS (formerly the INS) records.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>Medical records that say how long you will be disabled, whether or not you can work, and if constant help/care is needed.</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>Medical records that say when your baby is due.</td>
</tr>
<tr>
<td>School Attendance</td>
<td>Current report card or letter from the school saying whether your child is attending school</td>
</tr>
<tr>
<td>College Student</td>
<td>Letter from the college saying that you are either a part-time or full-time student</td>
</tr>
<tr>
<td>Student Financial Aid</td>
<td>Letter from the financial aid office stating what types and amounts of financial aid you get and the costs you will have to pay for your schooling</td>
</tr>
<tr>
<td>Income the most recent 30-day period or all from last month</td>
<td>Earned Income: Check stubs, a letter from the employer with the hours you will work and the pay you will get. If you are self-employed, you may give your caseworker a copy of your income tax forms, business records or personal wage records.</td>
</tr>
<tr>
<td>Loss of a Job (60 days)</td>
<td>Unearned Income: Copies of your check, or a letter from Social Security, Unemployment Compensation, Worker's Compensation, Veterans Administration, Bureau of Indian Affairs, Public Employees Retirement etc.</td>
</tr>
<tr>
<td>Value of Things You Own</td>
<td>Letter from the employer</td>
</tr>
<tr>
<td>Things You Transferred</td>
<td>Resources/Assets: Recent bank statement or letter of value</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Recent statement or letter of value</td>
</tr>
<tr>
<td>Medicare Part A</td>
<td>ID card or letter from your insurance company</td>
</tr>
<tr>
<td>Child Support Paid</td>
<td>ID card or letter from Social Security Administration</td>
</tr>
</tbody>
</table>

#### Optional Proof

- Below is a list of optional proof items that may help you get the most benefits for which you are eligible. There is no check in the box below then no proof is needed. To get credit, just tell us what you pay each month. You will only have to give proof if your caseworker has unresolved questions about your costs. If you are applying for energy/LIHEAP, please provide a copy of your heating/cooling cost. If you need help, ask your caseworker for help.

| Child/Adult Care Costs | You may give any of these if they prove your out-of-pocket costs: Agreement, computer printout, money order, letter from the person you pay, divorce or separation papers, statements, receipts, canceled check, copy of a check. |
| Medical Costs | Elderly or Disabled only |
| Home Rent/Owner Costs | |
| Heating/Cooling Costs | |

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*(Applicant Information Pages)*
7. Non-Citizen Immigrant Eligibility

(a) What types of Non-Citizen Immigrants are eligible for HSD assistance programs?

For most programs, non-citizens must have a "qualified" immigrant status and meet certain other conditions to qualify. Most non-citizens in the following categories can get benefits if they meet all other program eligibility requirements:

- Lawful Perm. Res. (LPRs)
- Refugees
- Asylees
- Cuban Haitian Entrants
- Amerasians
- Paroled to U.S. – 1 year
- Withholding of Deportation
- Certain:
  - Battered women and children
  - Canada/Mexico born Native American
  - Human Trafficking Victims
  - Veterans, active duty military
  - Hmong or Laotian Tribe

Certain non-citizens, including undocumented non-citizens may be eligible for emergency medical services including pregnant women’s labor and delivery.

(b) Is there a waiting period (bar) before non-citizen immigrants can get benefits?

The general rule now is that most qualified immigrant children are eligible to receive SNAP/food, Medical, Cash and Energy Assistance. However some “qualified” immigrant adults can get benefits after they have been in the United States in “qualified” immigrant status for five years, and some immigrants can get them right away. In general, adults in certain humanitarian immigration categories (such as Refugees and Asylees), people with military connections, credit for 10 years of work history in the US, and persons receiving disability benefits may be eligible right away.

8. After your Interview

(a) How soon will my application be approved or denied?

- SNAP/food – No later than 30 calendar days after the date of application, expedited SNAP/food - 7 calendar days
- Medical – No later than 45 calendar days after the date of application
- Cash – No later than 30 calendar days after the date of application, or up to 90 days for General Assistance disability decisions
- Energy/LIHEAP – No later than 30 calendar days after the date of application, or shut-off/disconnect crisis – 48 hours

(b) If I disagree with the eligibility decision or benefit level, can I have a fair hearing?

Yes - If you don’t agree with a decision we make about your case, you can ask for a fair hearing in person, by telephone 1-800-432-6217 or (505) 827-8164, or in writing within 90-days of the date that a notice has been sent informing you of any action that has been taken on your case. Please mail your request to the HSD Hearing’s Bureau at PO Box 2348 Santa Fe, NM 87504. You have a right to look at your case file and any records HSD used to determine your eligibility before your hearing. You can ask a household member or someone else like a friend or relative to represent your household at the fair hearing. You also have the right to have an attorney or other legal representative at the hearing.

(c) From what date are my benefits calculated?

- SNAP/food – From the date you applied
- Medical – From the 1st day of the month you applied. You may be eligible for up to 3 prior months of Medicaid coverage. SCI coverage begins the month after you are approved and enrolled in a health plan.
- Cash – On the date HSD approves your application or the 30th day from the date of application, whichever is earlier
- Energy/LIHEAP – On the date HSD verifies your account with your energy provider

(d) How will I get my benefits?

- Medical - A Medicaid card will be mailed to you one working day after the date of approval. For SCI, your SCI medical card will be mailed to you after you are enrolled.
- Energy/LIHEAP – Your payment will be sent directly to your energy provider 7-days from the date HSD verifies your account information with your energy provider. For a shut-off/disconnect crisis, HSD will call your energy provider to help you avoid shut-off.
- SNAP/food and Cash – HSD uses an electronic debit card system called EBT to give you your cash and SNAP/food assistance benefits. If you have never had an EBT card, an EBT card will be mailed to your address in one working day after the date you apply and after your application is registered on the computer. If your EBT card is delayed you may request a card from your local ISD office. You may call EBT Customer Service 24 hours 7-days/week at 1-800-843-8303 to order a replacement or activate your EBT card.

Each month your cash benefit will be deposited in your EBT account on the first day of the month. Your SNAP/food benefits will be deposited in your EBT account on the day of the month in the box below that lists the last two digits of the head of household's social security number.

<table>
<thead>
<tr>
<th>Day</th>
<th>SSN</th>
<th>Day</th>
<th>SSN</th>
<th>Day</th>
<th>SSN</th>
<th>Day</th>
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<th>SSN</th>
</tr>
</thead>
<tbody>
<tr>
<td>11</td>
<td>01</td>
<td>12</td>
<td>02</td>
<td>13</td>
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<td>22</td>
<td>31</td>
<td>32</td>
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<td>10</td>
</tr>
</tbody>
</table>

(Applicant Information Pages)