

Scott Walker  
Governor



**DIVISION OF MEDICAID SERVICES**

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## Telephonic Signature Text – April 2017

### Generate Summary Page

Prompt ID 01: Health Care Only

#### Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

#### Summary of Your Requests

You have requested the following programs:

- Health Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

#### Use of Social Security Number

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

#### Telephonic Signature

- We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare and Health Care.
- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.

- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

Completing the Signature

A signature over the phone has the same legal effect and can be enforced in the same way as a written signature. Would you like to sign this application over the phone?

Please state your full legal name, today's date and the current time.

### Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

### Summary of Your Requests

You have requested the following programs:

- FoodShare

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

### Use of Social Security Number

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### Telephonic Signature

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- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You understand the FoodShare program work requirements.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The [Wisconsinjobcenter.org](http://Wisconsinjobcenter.org) website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

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### Completing the Signature

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Please state your full legal name, today's date and the current time.

### Signing Your Application

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### Summary of Your Requests

You have requested the following programs:

- Child Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

### Use of Social Security Number

You must provide the Social Security Number or proof that the SSN has been applied for only for the children for whom you are requesting Wisconsin Shares Child Care Subsidy Assistance. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

### Telephonic Signature

- We will provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

### Completing the Signature

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Please state your full legal name, today's date and the current time.

## Prompt ID 04: Health Care and FoodShare

### Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

### Summary of Your Requests

You have requested the following programs:

- Health Care
- FoodShare

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

### Use of Social Security Number

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

### Telephonic Signature

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- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You understand the FoodShare program work requirements.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?

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Please state your full legal name, today's date and the current time.

## Prompt ID 05: Health Care and Child Care

### Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

### Summary of Your Requests

You have requested the following programs:

- Health Care
- Child Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

### Use of Social Security Number

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies. If you are applying for Wisconsin Shares Child Care assistance, this information is required for the children.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

### Telephonic Signature

- We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare and Health Care.
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- This agency cannot discriminate on the basis of race, color, national origin, sex, age, disability or religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The [Wisconsinjobcenter.org](http://Wisconsinjobcenter.org) website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

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## Prompt ID 06: FoodShare and Child Care

### Signing Your Application

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### Summary of Your Requests

You have requested the following programs:

- FoodShare
- Child Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

### Use of Social Security Number

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### Telephonic Signature

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- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You understand the FoodShare program work requirements.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
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- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.
- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

Do you certify, under penalty of law and perjury, that you understand the questions and statements read to you, and your answers are correct and complete to the best of your knowledge?



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### Signing Your Application

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### Summary of Your Requests

You have requested the following programs:

- Health Care
- FoodShare
- Child Care

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### Use of Social Security Number

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### Telephonic Signature

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- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
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Completing the Signature

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## Print Application Registration Page

Prompt ID 08: Registration Request For Assistance (RFA)

### Signing Your Application

I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.

### Summary of Your Requests

You have requested the following programs:

- FoodShare
- Child Care
- Health Care

You will now be read a list of statements. After all of these statements have been read, you will be asked to confirm that you agree to and understand each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

### Use of Social Security Number

Household members applying for benefits must provide their Social Security Number or proof that they have applied for one. Social Security Numbers will be verified and used to check information provided in the application with other federal and state agencies.

If you are applying for Wisconsin Shares Child Care assistance, you must provide the Social Security number for the child(ren) for whom the benefit is requested.

Social Security Numbers will not be shared with U.S. Citizenship and Immigration Services.

### Telephonic Signature

- We will provide you with an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements for FoodShare and Health Care.
- We will also provide you with a written summary of your application. You are required to review it and notify us within 10 days if you see anything that is not correct. If you do not contact us, we will assume that you agree with everything recorded on the application.
- You may need to provide proof of your answers. By signing this application, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive benefits.
- There are penalties for giving false information or breaking the rules.
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- Your private information will be treated confidentially.
- If you have a disability, you may request information about your benefits in a different format.
- If you are found eligible for Health Care, you assign and give up your rights to payments from a liable third party to the Wisconsin Department of Health Services, up to the amount that was paid for your medical care.
- You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.
- If you are signing an application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.
- You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.

- The Wisconsinjobcenter.org website is available to you and it is the largest source of job openings in Wisconsin. To find a Job Center location near you, call 1-888-258-9966.

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