

Food Benefits Replacement Call Script for Agencies

Timeline

Starting October 19, 2024, agency workers must use this new script to verbally explain Food Benefits Replacement to all FoodShare members and/or Summer EBT recipients requesting them.

Background

As of October 19, 2024, the Wisconsin Department of Health Services (DHS) is implementing a new process, so that FoodShare members and/or Summer EBT recipients can request replacement food benefits online. This script can be used to verify answers that the FoodShare member and/or Summer EBT recipients provided and have them sign off on their answers over the phone via an electronic signature.

English Script

[This script should be read while a worker is on the Telephonic Food Benefits Replacement Request page. The worker will need to reference this page to identify what to read to the requesting FoodShare member and/or Summer EBT recipient.]

Section 1: Summary of Information the Member Provided

[Read this section for all FoodShare members and/or Summer EBT recipients requesting replacement food benefits.]

As a record of your request for replacement food benefits, we will record this call and keep it on file.

I will now read a summary of the information you have provided. Please tell me if any information is incorrect and should be changed.

[Tell the FoodShare member and/or Summer EBT member what information they provided us regarding their replacement food benefits request]

Section 2: Telephonic Signature

[Read this section to all FoodShare members and/or Summer EBT recipients.]

Next, I will read a list of statements. After that, I will ask if you understand each statement and agree to it. If you have any questions or concerns, please tell me at any time. To submit your request for replacement food benefits, you have to agree to all of these statements:

- I agreed to submit this application over the phone. The signature I gave over the phone certifies that, under the penalty of law and perjury, that the information I provided was truthful, correct, and complete to the best of my knowledge.
- I also certify and understand that:
 - I agree to provide proof of what I have said.
 - The Wisconsin Department of Health Services (DHS) has the permission to verify any information that is needed to fulfill a request.
 - There are penalties if I give DHS false information or break the rules for getting food benefits replaced. My agency cannot discriminate on the basis of race, color, national origin, sex (including gender identity or sexual orientation), age, disability or religious creed or political beliefs or retaliation for civil rights activities. My civil rights will be upheld. If I feel they aren't, I can file a complaint.
 - DHS will keep my private information confidential. I have the right to request a fair hearing if I disagree with the decision DHS makes about my replacement food benefits.
- Okay, now, I need you to answer the following question: Do you certify, under penalty of law and perjury, that you understand and agree with the statements that I just read to you? **Yes or no?**
- A signature over the phone has the same legal effect and is enforced the same as a written signature. Would you like to sign your replacement food benefits request over the phone? **Yes or no?**
- Please state your full legal name, today's date, and the current time.

Spanish Script

[This script should be read while a worker is on the Telephonic Food Benefits Replacement Request page. The worker will need to reference this page to identify what to read to the requesting FoodShare member and/or Summer EBT recipient.]

Section 1: Summary of Information the Member Provided

[Read this section for all FoodShare members and/or Summer EBT recipients requesting replacement food benefits.]

Como registro de su solicitud para beneficios de alimentos de reemplazo, grabaremos esta llamada y la añadiremos al expediente.

Ahora, leeré un resumen de la información que ha proporcionado. Dígame si alguna información es errónea y debe modificarse.

[Tell the FoodShare member and/or Summer EBT member what information they provided us regarding their replacement food benefits request]

Section 2: Telephonic Signature

[Read this section to all FoodShare members and/or Summer EBT recipients.]

Después, leeré una lista de declaraciones. A continuación, le preguntaré si entendió cada una de las declaraciones y está de acuerdo con ellas. Si tiene alguna pregunta o inquietud, dígamela en cualquier momento. Para presentar una solicitud para beneficios de alimentos de reemplazo, debe aceptar todas las declaraciones a continuación:

- Acepto presentar esta solicitud por teléfono. Mediante la firma otorgada por teléfono se certifica que, bajo penas legales y por falso testimonio, la información que presenté es cierta, correcta y completa, según mi leal saber y entender.
- Certifico y entiendo además que:
 - Acepto presentar pruebas de lo que he declarado.

- El Department of Health Services (Departamento de Servicios de Salud, DHS) de Wisconsin tiene permiso para verificar toda información necesaria para responder una solicitud.
- Existen penas si presento información falsa al DHS o si incumplo las normas para obtener beneficios de alimentos de reemplazo. Mi agencia no puede discriminar por motivos de raza, color de piel, nacionalidad, sexo (incluso identidad de género u orientación sexual), edad, discapacidad, credo religioso, ideología política, ni ejercer represalias por actividades relacionadas con los derechos civiles. Se respetarán mis derechos civiles. Si considero que no se están respetando, puedo presentar una queja.
- El DHS mantendrá la confidencialidad de mi información privada. Tengo derecho a solicitar una audiencia justa si no estoy de acuerdo con la decisión del DHS respecto de mis beneficios de alimentos de reemplazo.
- Bien, ahora, necesito que responda la siguiente pregunta: ¿Confirma, bajo penas legales y por falso testimonio, que entiende y está de acuerdo con las declaraciones que he leído recién? **¿Sí o no?**
- Una firma otorgada por teléfono tiene el mismo efecto y validez legal que una firma manuscrita. ¿Quisiera firmar por teléfono su solicitud para beneficios de alimentos de reemplazo? **¿Sí o no?**
- Diga su nombre legal completo, la fecha de hoy y el horario actual.

Hmong Script

[This script should be read while a worker is on the Telephonic Food Benefits Replacement Request page. The worker will need to reference this page to identify what to read to the requesting FoodShare member and/or Summer EBT recipient.]

Section 1: Summary of Information the Member Provided

[Read this section for all FoodShare members and/or Summer EBT recipients requesting replacement food benefits.]

Txhawm rau teev tseg koj cov lus thov rau kev hloov pauv khoom noj haus, peb yuav muab qhov kev hu no khaws cai thiab khaws cov ntaub ntawv cai.

Tam sim no kuv yuav nyeem cov lus xaus ntawm cov ntaub ntawv uas koj tau muab. Thov qhia rau kuv yog tias qhov twg tsis raug thiab yuav tau hloov.

[Tell the FoodShare member and/or Summer EBT member what information they provided us regarding their replacement food benefits request]

Section 2: Telephonic Signature

[Read this section to all FoodShare members and/or Summer EBT recipients.]

Tom ntej no, kuv yuav nyeem ib daim ntawv teev cov nqe lus. Tom qab ntawd, kuv yuav nug seb koj puas nkag siab txhua nqe lus thiab puas pom zoo. Yog tias koj muaj lus nug los sis kev txhawj xeeb, thov qhia rau kuv tau txhua lub sij hawm. Yog tias xav xa koj daim ntawv thov rau kev hloov pauv khoom noj haus, koj yuav tsum pom zoo rau cov cai no tag nrho:

- Kuv pom zoo xa daim ntawv thov no hauv xov tooj. Kev kos npe uas kuv tau muab hauv xov tooj no lees paub raws li kev rau txim ntawm txoj cai lij choj thiab kev dag ntxias, tias cov ntaub ntawv kuv tau muab yog qhov tseeb, raug, thiab ua tiav raws li kuv qhov kev paub.
- Kuv kuj lees paub thiab nkag siab tias:
 - Kuv pom zoo muab pov thawj ntawm qhov kuv tau hais.
 - Wisconsin Department of Health Services (Lub Tuam Tsev Hauj Lwm Ntsig Txog Cov Kev Pab Cuam Kev Noj Qab Haus Huv) (DHS) muaj kev tso cai los txheeb xyuas cov ntaub ntawv uas xav tau los ua kom tiav daim ntawv thov.
 - Muaj kev rau txim yog tias kuv muab cov ntaub ntawv tsis raug rau DHS los sis ua txhaum txoj cai tau txais cov txiaj ntsig kev hloov pauv khoom noj haus. Kuv lub koom haum tsis muaj kev ntxub ntxaug rau haiv neeg, xim nqaij, keeb kwm ntawm lub teb chaws, poj

niam txiv neej (suav nrog kev txeeb qhia tias yog poj niam los txiv neej los sis kev sib daj sib deev), hnuv nyoog, kev xiam oob qhab los sis kev ntseeg los sis ntseeg kev nom tswv los sis kev tawm tsam rau cov cai pej xeev. Kuv cov cai pej xeev yuav tau txais kev tiv thaiv. Yog tias kuv xav tias tsis yog, kuv tuaj yeem ua ntawv tsis txaus siab tau.

- DHS yuav khaws kuv cov ntaub ntawv ntiag tug tsis pub lwm tus paub. Kuv muaj cai thov kom muaj lub rooj plaub ncaj ncees yog tias kuv tsis pom zoo rau qhov kev txiav txim siab ntawm DHS txog kuv cov txiaj ntsig kev hloov pauv khoom noj haus.
- Okay, tam sim no, kuv xav kom koj teb cov lus nug hauv qab no: Koj puas lees raws li kev rau txim ntawm txoj cai lij choj thiab kev dag ntxias, tias koj nkag siab thiab pom zoo nrog cov nqe lus uas kuv nyuam qhuav nyeem rau koj mloog? **Yog los sis tsis yog?**
- Kev kos npe hauv xov tooj siv tau rau txoj cai lij choj zoo ib yam thiab raug cai tib yam li kev kos npe ntawm daim ntawv. Koj puas xav kos npe rau koj daim ntawv thov kev hloov pauv khoom noj haus hauv xov tooj? **Yog los sis tsis yog?**
- Thov sau koj lub npe thiab lub xeev kom raug cai, hnuv no, thiab lub sij hawm tam sim no.