

Signing Your Application

In order to set your date of application, we will record the next portion of this call and keep it on file. 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 one or more of the following programs:

- *FoodShare*
- *Child Care*
- *Health Care*

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

Now I am going to read a list of statements. Please indicate "yes" after each statement to indicate that you understand and agree to them:

- We will send you an Enrollment and Benefits book containing the full description of your Rights and Responsibilities and your reporting requirements in the mail for FoodShare and Health Care.
- We will also send you 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, religious or political beliefs. Your Civil Rights will be upheld.
- Your private information will be treated confidentially.

Telesignature Text for FoodShare, ChildCare & Health Care

- 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.
- Wisconsin Job Center is available to you. Job Center is the largest source of job openings in Wisconsin. To find a Job Center near you, call 1-888-258-9966.

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? 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?

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