

## Collecting a Telephonic Signature

**INSTRUCTIONS:** Staff are to use the instructions below to collect a telephonic signature for form [F-14014](#) Authorization to Disclose Information to the Disability Determination Bureau (DDB). The telephonic signature process may be used when staff are unable to obtain a written signature on the physical form.

The telephonic signature/attestation process is the last resort for completing the [F-14014](#) and should only be used when all options for getting a physical signature have been exhausted. Before completing the telephonic attestation process, efforts should be made to get a scanned copy of the [F-14014](#) or to complete a no contact pick up of the [F-14014](#).

Staff must read the script below to the child's parent or legal guardian. If the parent or legal guardian answers any of the questions with a "no" response, staff must inform them that the telephonic signature process cannot continue and that without the signature, the [F-14014](#) Authorization to Disclose Information to the Disability Determination Bureau cannot be completed. Staff may then repeat the question; if the parent or legal guardian answers "no" again, the call must be ended.

Prior to reading the script, staff must ask the following identifying questions:

- Child's address/zip code
- Child's birth date

If the parent or legal guardian does not respond to these questions, or does not give answers that match what is on record, the telephonic signature process cannot continue and the call must be ended.

### **Telephonic Signature Script:**

What is the address and zip code of the child in your care? (Response must match information on record to proceed)

What is the date of birth of the child in your care? (Response must match information on record to proceed)

"I will ask you to acknowledge that you have read the [F-14014](#) Authorization to Disclose Information to the Disability Determination Bureau (DDB), and confirm your intent to sign this form. It will be used to request all of the medical records and other information for the child in your care related to the child's ability to perform activities.

Do you understand that the [F-14014](#) Authorization to Disclose Information to the Disability Determination Bureau (DDB) that you have read will be used to request all of the child's medical records and other information related to the child's ability to perform activities? Please state 'yes' or 'no.'

Do you agree to authorize disclosure of information about the child in your care to the Disability Determination Bureau? Please state 'yes' or 'no.'

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