



DEPARTMENT OF CHILDREN  
AND FAMILIES  
Secretary Eloise Anderson  
201 East Washington Avenue, Room G200  
P.O. Box 8916  
Madison, WI 53708-8916  
Telephone: 608-266-8684  
Fax: 608-261-6972  
www.dcf.wisconsin.gov

DEPARTMENT OF HEALTH SERVICES  
Secretary Kitty Rhoades  
1 West Wilson Street  
P.O. Box 7850  
Madison, WI 53707-7850  
Telephone: (608) 266-9622  
FAX: (608) 266-7882  
www.dhfs.wisconsin.gov

**State of Wisconsin  
Governor Scott Walker**

**TO: Income Maintenance Supervisors  
Income Maintenance Lead Workers  
Income Maintenance Staff  
W-2 Agencies  
Workforce Development Boards  
Job Center Leads and Managers  
Training Staff  
Child Care Coordinators**

**FROM: Katherine McGurk, Bureau Director  
Bureau of Early Learning and Policy  
Division of Early Care and Education  
Department of Children and Families**

**FROM: Shawn Smith, Bureau Director  
Bureau of Enrollment Policy and Systems  
Division of Health Care Access and Accountability  
Department of Health Services**

JOINT OPERATIONS MEMO					
<b>No:</b>		DHS 14-29 <b>Amendment</b>			
<b>DATE:</b>		7/1/2014			
<b>FS</b>	<input checked="" type="checkbox"/>	<b>MA</b>	<input checked="" type="checkbox"/>	<b>BC+</b>	<input checked="" type="checkbox"/>
<b>SC</b>	<input type="checkbox"/>	<b>CTS</b>	<input type="checkbox"/>	<b>FSET</b>	<input type="checkbox"/>
<b>CC</b>	<input checked="" type="checkbox"/>	<b>W-2</b>	<input type="checkbox"/>	<b>EA</b>	<input type="checkbox"/>
<b>CF</b>	<input type="checkbox"/>	<b>JAL</b>	<input type="checkbox"/>	<b>JC</b>	<input type="checkbox"/>
<b>RAP</b>	<input type="checkbox"/>	<b>WIA</b>	<input type="checkbox"/>	<b>Other</b>	<input type="checkbox"/> *
				<b>EP</b>	

**SUBJECT: Telephonic and Electronic Signature Enhancements**

**CROSS REFERENCE:** Operations Memo 11-66

**EFFECTIVE DATE:** June 30, 2014

**PURPOSE:**

The purpose of this Joint Operations Memo is to announce a policy change to allow telephonic and electronic signatures for Wisconsin Shares Child Care (CC) applications and reviews. This memo also introduces a revised telephonic script to be used for all Income Maintenance (IM) and CC programs to reduce timing and streamline the telephonic signature process.

**BACKGROUND:**

Applications for Child Care assistance can be requested in person at the local county or tribal office, by telephone, or through ACCESS. Up to now, a written signature on the CARES Worker Web (CWW) Case Summary page had been required for all CC requests, regardless of how the request was submitted. With this recent enhancement telephonic signatures collected

through Call Center Anywhere (CCA) and electronic signatures collected through ACCESS are also valid forms of signatures for the Child Care program.

### **CHILD CARE POLICY CHANGES**

- The electronic signature that is submitted through ACCESS Apply for Benefits (AFB) satisfies the signature requirement to set the application filing date and now also meets the signature requirement at the conclusion of the intake interview.
- A telephonic signature is now a valid form of signature for CC on the Print Application Registration page in CWW to set the filing date.
- A telephonic signature is now a valid form of signature for CC on the Generate Summary Page in CWW.
- With a new application, if the intake interview occurs simultaneously with the phone request, a telephonic or written signature for the Application Summary on the Generate Summary page in CWW is all that is needed. This is not a change in policy.
- The electronic signature that is submitted through ACCESS Renew my Benefits (RMB) satisfies the renewal signature requirement that follows the renewal interview.
- When a renewal interview is completed, either a telephonic or written signature is needed for the Application Summary on the Generate Summary Page, when the CC renewal interview is completed. However, if there has been either an ACCESS AFB or RMB no signature is needed at the conclusion of the interview.

### **ACCESS CHANGES**

The Summary PDF that is generated from ACCESS Apply for Benefits (AFB) and Renew My Benefits (RMB) has been changed to meet the signature requirements of the Wisconsin Shares Child Care program. When applications and renewals are submitted through ACCESS the child care signature field on the General Case Information page is auto-populated with "Yes".

### **CARES/CWW CHANGES**

#### **PRINT APPLICATION REGISTRATION PAGE**

CC has been added in the "Would you like to Collect a Telephonic Signature" question. By selecting "Yes" in the dropdown, the worker can now collect an RFA telephonic signature for CC, along with FoodShare (FS), Health Care (HC) and/or Family Planning Only Services (FPOS).

 **Print Application Registration**

**Print Options**

Language:

Would you like to Collect a Telephonic Signature for FoodShare, Health Care, Child Care or Family Planning Waiver?

Select the "View" button to preview and/or print the CARES application registration

If a written Request for Assistance (RFA) signature has been collected on form DCF-F-2835 (Wisconsin Shares Child Care Registration form), the signature requirement has been met. The worker should leave the "No" response in the field and press "Next" on this page.

When "Yes" is selected, the telephonic signature information will display below. The Telephonic Signature language has been modified and also includes CC information as well as to streamline the process to save time when collecting a telephonic signature. This change to the telephonic script will be available beginning Monday, September 29, 2014.

**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 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 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.

When a telephonic signature is collected for the RFA, a notice is generated that acknowledges that the telephonic signature has been collected. This is a CARES letter known as the RFA Telephonic Signature non-Milwaukee (NCRS) or RFA Telephonic Signature Milwaukee (NCRR). These letters are not yet updated to include CC. DCF will issue a Technical Assistance Memo to inform local agencies when this notice has been modified to include Child Care.

### GENERAL CASE INFORMATION PAGE

The Signature Details section is used for collecting signature responses, including the CC signature. The responses will pass, fail or pend for the corresponding programs. Select from the following values:

- ? – Waiting for signature
- N – No
- Y – Yes

When a new ACCESS AFB application is completed and the applicant completes the electronic signature in ACCESS, the CC Signature field on the General Case Information page will be pre-populated with “Yes” to indicate that the signature has already been collected.

**GENERATE SUMMARY PAGE**

On the Generate Summary page in Application Entry, “Telephonic” has been added to the drop down box for Child Care Signature, and Child Care is now an individual field (separate from W-2). The previously shared Child Care/W-2 signature field has been made obsolete. This page will display the a signature field based on the programs on the case. Cases with W-2 will have a separate W-2 Signature field that can be updated only by FEP workers.

When a worker is adding CC to a case already open for FS or HC and a signature is not needed for FS/HC, the worker can leave the FoodShare/Health Care Signature field blank. Then the worker can select the appropriate signature type for CC.

Note: For cases that include FS and/or HC requests you will have the following options: Electronic, Telephonic, or Written. The PPRF option in the drop down box will generate a Pre-Printed Renewal Form (PPRF). If you have collected a written, telephonic or electronic signature for a FS RFA you do not need to collect a another signature for FS at the Generate Summary Page. Record the type of signature that was collected on the FS RFA in the "FoodShare/HealthCare Signature" field.

If you have collected a written, telephonic or electronic signature for a CC RFA you do not need to collect another signature for CC at the Generate Summary Page. Record the type of signature that was collected on the CC RFA in the "Child Care Signature" field.

If the worker is completing a telephonic interview with a review for HC, FS and CC, the worker will enter "Telephonic" in the FoodShare/Health Care signature box and also enter "Telephonic" in the Child Care Signature field.

### **TELEPHONIC SIGNATURE PROCESS**

1. To gather and record a telephonic signature for an RFA, the worker must ask the applicant if they would agree to provide the signature by phone. If yes, update the corresponding page in CWW, depending on if the request is for an RFA, application or renewal.
  - For an RFA, indicate within the "Print Options" section of the "Print Application Registration" page in CWW. When the worker selects "Yes" the legal language that **must** be read will display below.

**Print Application Registration**

Print Options

Language: E - ENGLISH

Would you like to Collect a Telephonic Signature for FoodShare, Health Care, Child Care or Family Planning Waiver? No

Select the "View" button to preview and/or print the CARES application registration View

- For an application or renewal, select "Telephonic" on the Generate Summary page. The legal language that **must** be read aloud will display below.

**Generate Summary**

---

Effective Period

Effective Date: **05/30/2014** Worker: **R PROCHAZKA (XCTR34)**

---

Summary

Child Care Signature: **P - Telephonic**

\* View Summary: **E - English** View

\* What would you like to do? **PS - Print Summary**

---

Obsolete Information

Child Care/W-2 Signature:

- Click to begin recording in Call Center Anywhere (CCA).



- Read the following paragraph to communicate to the applicant/member the telephonic signature processes:

**“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”.*

- Copy and paste the CCA interaction ID into the Interaction ID field.

INTID

Phone Interaction ID

\* Call Center Anywhere Interaction ID:

Date: **5/30/2014** Worker: **B. Berlin (XCTV97)**

Signing Your Application

In order for you to set the date your application was received by phone, we must record the next portion of this call and keep it on file.

- Click “View” to open the Application/Registration RFA PDF or the Application Summary PDF for applications and renewals. The worker will be prompted to read the summary of the RFA information while recording the signature. (See *Providing a Verbal Summary of Information* section below for more details)

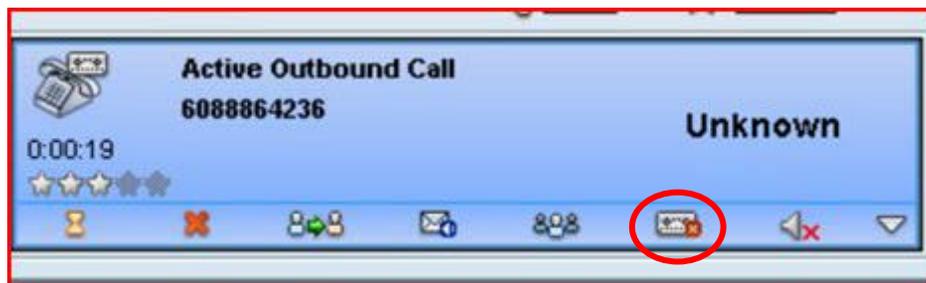
6. The worker must read all of the statements regardless of the programs of assistance applied for and the participant must respond “yes” after each statement. This change to the telephonic script will be available beginning Monday, September 29, 2014.

Telephonic Signature
<p>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:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• There are penalties for giving false information or breaking the rules.</li> <li>• 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.</li> <li>• Your private information will be treated confidentially.</li> <li>• If you have a disability, you may request information about your benefits in a different format.</li> <li>• 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.</li> <li>• You will be required to cooperate with the Child Support agency if you are applying for Wisconsin Shares Child Care subsidy.</li> <li>• By signing this application for Wisconsin Shares Child Care Subsidy, you are also applying for Child Support Services.</li> <li>• You have the right to request a Fair Hearing if you disagree with the agency actions regarding your benefits.</li> <li>• 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.</li> </ul>

The sections to be read and reviewed are titled as follows:

- Signing Your Application
- Summary of Your Requests Use of Social Security Number
- Telephonic Signature
- Completing the Signature

7. When all of the information has been recorded, click the “end recording” button to stop the recording within CCA.



8. The page is saved when the “Next” button is clicked.

## IMPORTANT ASPECTS FOR TELEPHONIC SIGNATURES AND INTERVIEW PROCESSES

To ensure applicants are receiving consistent information when completing a telephone interview and submitting a telephonic signature, the following objectives are required to be met by the IM/CC worker:

- Interviews must be offered in the language the applicant chooses.
- Provide answers and clarifications to the applicant as needed.

- Explain FS expedited provisions when applicable or the regular certification provisions and timeframes.
- Explain the benefits the household is eligible for or is pending eligibility for.
- Inform the applicants that their Rights and Responsibilities will be provided during the signature process and the full list of Rights and Responsibilities are included on the Case Summary page that will be provided to the applicant.
- For CC eligibility only the child(ren) are required to have a Social Security Number (SSN). If children for whom the applicant is requesting Child Care for do not have SSN's, their parents must apply for them at the time of application. The SSN must be provided by the applicant no later than the first six-month review (SMRF).
- For IM programs: SSNs must be provided unless the individual does not have one due to religious reasons, immigration reasons or one has been applied for but not yet received at the time of this interview.

If the applicant refuses to provide a telephonic signature, the worker must offer the opportunity for the applicant to provide a written signature in person or via mail.

### **Providing a Verbal Summary of Information:**

A required component of the telephonic signature is to provide a verbal summary of the eligibility factors discussed during the interview which will be printed on the PDF Case Summary document. An effective summary is short and concise. The summary ensures the information collected during the interview is correct. There is no need to read the "Case Summary" document word for word. Simply state the elements which were used in determining the eligibility.

1. Programs of assistance applied for,
2. Address and contact information,
3. The names and relationships of all household members,
4. Absent parent information, if relevant (For CC this information is always relevant and should include information on Shared Placements),
5. Key nonfinancial eligibility factors, (including but may not be limited to)
  - a. Adults enrolled in school half time or more for FoodShare. For CC adults enrolled in school and their class schedule
  - b. Citizenship status (if relevant) For CC, this is applicable to children only
  - c. Disability or incapacitation status
  - d. Program disqualifications for anyone in the home
  - e. Approved Activity for CC
  - f. Child Support referral and cooperation
  - g. Work Schedules
6. Income information
  - a. Earned income including Self-employment income
    - Name of employer
    - Rate of pay
    - Number of hours worked per pay period
    - Bonuses and/or commissions if relevant

- b. Unearned income
  - Source of unearned income
  - Amount
- 7. Expense information
  - a. Shelter and utilities
  - b. Medical
  - c. Child support
  - d. Dependent care
- 8. The verification that is needed and the due date of the verification documents

Example of a multiple program case:

Sally is a single mother age 44; she has one child age 3. She is receiving Child Care, Health Care, and FoodShare. Sally called to complete a Renewal over the phone. She is not enrolled in school. She is working at ABC Electronics. She provided all of her taxable information for Health Care. She doesn't receive any child support. She pays rent and has a heating expense.

Verbal Summary of the example:

Sally, you completed your renewal for FoodShare, Child Care, and Health Care. You live at 123 Hope Dr. Sun Valley, WI 53291 with your daughter, Allie. Your contact phone number is 920-321-2211. You are employed at ABC Electronics. You are paid bi-weekly. You work 80 hours per pay period and make \$10 per hour. Your work hours are Monday through Friday from 8:00 am to 4:30 pm. You have no other sources of income. You will claim yourself and daughter Allie for taxes. Your rent is \$400 a month and you must pay heat separate from rent. Is this information correct? Are there any changes needed?

Once the verbal summary has been provided, the worker will need to proceed to the next paragraph of the telephonic signature script "**Use of Social Security Number**". IM/CC workers will need to read the script as it is written. This is an approved script which meets both federal and state requirements for DHS and DCF programs. Paraphrasing is not allowed.

**Note:** Only the summary portion of the script will vary from case to case, due to the unique circumstances of each household's eligibility factors.

Case Summary Cover Letter

CDPU  
CENTRALIZED DOCUMENT PROCESSING UNIT  
PO BOX 5234  
JANESVILLE WI 53547 5234

State of Wisconsin



Case #:

Mailing Date: 06/24/2014

000005  
JANE DOE  
388 MAIN ST  
WAUNAKEE WI 53871



The State of Wisconsin is an equal opportunity service provider. This letter contains information that affects your benefits. If you need this material in a different format or help accessing our programs because of a disability, or if you need this letter translated or explained in your own language, please call 1-800-362-3002 (for FoodShare, Health Care or Caretaker Supplement). Call 608-266-3400 or 1-866-864-4585 TTY (toll free) (for Child Care or W-2). These services are free.

**Important Information about your Benefits**

Dear JANE DOE:

We have enclosed a summary of the information you gave us.

If you see anything in this summary that is not correct, you must contact us.

For the programs listed in the table below, you must sign and return the enclosed Signature Page to the corresponding address by the date(s) mentioned below. If you do not sign and return this Signature Page, your benefits for these programs will not be approved.

Program(s)	Action Required	Contact Information
Caretaker Supplement	Written signature required by Jul. 7, 2014	Capital Consortium 1-888-794-5556 for questions or to report changes 1-855-293-1822 to fax proof

For the programs listed in this table below, you must only contact us if you see anything in the summary that is not correct. If the information is correct, you do not need to contact us.

Program(s)	Action Required	Contact Information
FoodShare / Health Care	To report incorrect information,	Capital Consortium 1-888-794-5556 for questions or to report changes

Case #:

Date: 8/24/2014

	contact by Jul. 7, 2014	1-855-293-1822 to fax proof
Child Care	To report incorrect information, contact by Jul. 2, 2014	ROSE PROCHAZKA

For FoodShare, Health Care or Caretaker Supplement (CTS), an "Enrollment and Benefits" booklet with additional detail will be mailed to you. Please be sure to read this information carefully.

For Child Care (CC), you will find a responsibilities and rights statement in the summary.

There are now two tables displayed in the Case Summary Cover Letter. The first table informs the applicant if a written signature is needed for a program the participant applied for. The table will display:

- The program (FoodShare Wisconsin Shares, Health Care, Caretaker Supplement),
- The action required and by what date the agency must receive the documentation (written signature is needed by July 7, 2014), and
- The agency to contact if there are questions.

The second table explains to the applicant that if there is any incorrect information they must contact the agency within ten days. The table will display:

- The program (FoodShare, Wisconsin Shares, Health Care, Caretaker Supplement),
- The date the participant needs to contact the agency by, and
- The agency to contact to report incorrect information.

This letter also indicates that the Responsibilities and Rights statement for Child Care are included with the Case Summary.

### **Attachments**

- [Telephonic Script in English](#)
- [Telephonic Script in Spanish](#)
- [Telephonic Script in Hmong](#)
- [Wisconsin Shares Acknowledgement in English](#)
- [Wisconsin Shares Acknowledgement in Spanish](#)
- [Wisconsin Shares Acknowledgement in Hmong](#)
- [Telephonic Signature Acknowledgements in English](#)
- [Telephonic Signature Acknowledgements in Spanish](#)
- [Telephonic Signature Acknowledgements in Hmong](#)
- [FoodShare/Health Care/Child Care Electronic/Telephonic Signature in English](#)
- [FoodShare/Health Care/Child Care Electronic/Telephonic Signature in Spanish](#)
- [FoodShare/Health Care/Child Care Electronic/Telephonic Signature in Hmong](#)

### **CONTACTS:**

BEPS CARES Information & Problem Resolution Center

For Wisconsin Shares Child Care policy questions outside of Milwaukee County contact your Bureau of Regional Operations (BRO), Child Care Coordinators at [http://dcf.wisconsin.gov/regional\\_operations/pdf/contact\\_list.pdf](http://dcf.wisconsin.gov/regional_operations/pdf/contact_list.pdf)

For Child Care CARES/CWW, CSAW and CCPI Processing Questions statewide and policy questions in Milwaukee County contact the Child Care Help desk at: [childcare@wisconsin.gov](mailto:childcare@wisconsin.gov) or (608) 264-1657.

DCF/DECE/BELP/BAB