



February 22, 2021

Action Change Transmittal No. 285

TO: All Cash Assistance Manual Holders

FROM: Kimberly Henderson,
Director Ohio Department of Job and Family Services

SUBJECT: **Telephonic Applications and Signatures**

Background: As part of an ongoing streamlining effort, the Ohio Department of Job and Family Services (ODJFS) aligned the cash assistance programs with Supplemental Nutrition Assistance Program (SNAP) to accept applications over the telephone. In order to implement this process, ODJFS established procedures for accepting applications and signatures over the phone that ensures the necessary protections and compliance.

Procedure: Effective February 1, 2017, a county agency, with approval from ODJFS, could opt into accepting a telephonic signature as part of an initial application or recertification. Telephonic signatures cannot be required by a county agency; thereby an applicant's right to apply in writing or online must always remain available.

Update: Previous guidance stated that county agencies must capture the SNAP applicants name, address and signature in order for it to constitute a telephonic signature. This meant that an interview could be done after the telephonic signature was recorded. Recently, the United States Department of Agriculture, Food and Nutrition Services (FNS) provided guidance that stated a telephonic signature must be recorded *after the client has been interviewed*, and the recording must include a summary of the information to which the household assents. In order to maintain program alignment between SNAP and OWF, this updated audio signature procedure also applies to OWF applications.

Additionally, the below script has been updated to include language for the dynamic, or “combined”, audio signature of SNAP, cash assistance programs and medical assistance. The County Shared Services Finesse System has been updated for the Agent Script/Companion to enable the county agency worker to read through the script and follow along with the recording.

Use of Standardized Scripts

ODJFS has developed standardized scripts for county agencies to accept initial applications and recertifications by phone. The scripts specifically indicate what information has to be recorded during the application process and concludes by capturing the audio signature and submitting the valid application. The phone interview

immediately preceding the submission of the application should be conducted in the same manner as a scheduled phone interview would otherwise be conducted had a paper application been received.

Retrievable Audio Recording

The county agency must ensure there is access upon demand to the audio file containing the verbal assent of the applicant and that the audio file is retrievable and complies with record retention requirements. The county agency must also ensure that there is a direct link between the audio and case files.

Safeguarding

Steps must be taken to prevent impersonation, identity theft, and invasions of privacy by individuals attempting to apply or reapply over the phone. The county agency must take steps to ensure an individual applying over the phone is who they claim to be. For current or former public assistance recipients, this information could be verified based on details in their current or former case; but for individuals never known to have received public assistance, the county agency must review information from a reliable third-party source to confirm the identity of the caller. The inability to confirm the identity of the caller would not necessarily lead to termination of the interview, but the county agency would be unable to provide (but could receive and document) confidential information during the call and would need to verify information independent of the phone call.

Summary of Application and Procedures for Correcting Application Information

Federal rules require that individuals who provide a telephonic signature for initial application or recertification shall be provided a written copy of their completed application with instructions for correcting any errors or omissions. Approval notices list income, deductions and other factors used to determine eligibility; therefore, this is considered a copy of the completed application. Approval notices also include instructions on how to correct any errors.

For pending cases, the county agency is to issue the JFS 07105 “Application/Reapplication Verification Request Checklist” requesting needed documentation to determine eligibility (if any) and to summarize the application and interview information. An individual who can be denied at the time of the application will still need to receive a JFS 07105, which will summarize the application and interview information. The application summary language is provided in separate guidance from ODJFS.

This language will give all applicants - regardless of whether they apply in writing, online or by telephone - ten days to contact the county agency to correct any information. If an individual contacts the county agency to correct an error or omission, the county agency must act upon the information in accordance with the rules of the Ohio Administrative Code.

Implementation: At this time, only those county agencies working with Shared Services may implement the procedure for accepting applications over the phone. County agencies not currently working with Shared Services should email DASOhioIE.Maintenance@das.ohio.gov for more information about adopting this procedure.

Intake - Telephonic Signature Script

If English is not your primary language, we can provide someone who can help you understand the questions during this application and in the interview. Do you need an interpreter? ***[If YES, get the interpreter before proceeding]***

Once I obtain your name, address and signature over the phone, this application for assistance will be dated XX/XX/XXXX. You have the right to authorize another person to act on your behalf and will have a chance to add an authorized representative during this call. Are you calling to apply for yourself?

[If YES, proceed]

[If NO, ask individual to identify himself or herself] If you are the authorized representative but have not yet been designated in writing by the applicant, you will need to apply online or submit a paper application at your local JFS office unless the applicant is with you on this call. If you are calling today on behalf of an individual and they are with you, the individual can designate you as the authorized representative on this call and written authorization is not required. Are you calling as an authorized representative?

[If NO, advise the caller that we will not be able to continue because an application is required to be submitted by the applicant or authorized representative.]

[If YES, determine if there is already written authorization to represent in the case record or if the applicant is on the call.]

[If YES to authorization in writing, proceed.]

[If YES to applicant also on call] Ask applicant to identify himself or herself and to confirm the caller can speak on their behalf during the call and that they intend to designate the caller as their authorized representative during the application process. Then state the following to the applicant: You will need to provide your telephonic signature at the end of this call to officially designate the caller as your authorized representative and to submit your application.

[If NO, advise caller that he or she must apply online at ohiobenefits.ohio.gov or submit a paper application at the local JFS office.]

Please listen to the brief description of our programs. After each description of the program you will be asked if you would like to apply for this program. Only programs that you say “yes” to will be reviewed for eligibility:

- Cash assistance programs include the Ohio Works First and Refugee Cash Assistance programs. To qualify you must either have a minor child(ren), be at least 6 months pregnant or be a refugee who is within 8 months of arrival. You will get an answer about your application within 30 days. Would you like to apply for Cash assistance? **[YES/NO]. [AFTER ANSWERING PROCEED TO NEXT PARAGRAPH].**
- The Supplemental Nutrition Assistance Program, also known as SNAP and formerly known as Food Assistance, helps people afford healthy food. To qualify, you must meet certain financial and non-financial requirements. You will get an answer about your application within 30 days. During the interview you will be asked a series of questions to help determine your eligibility for assistance as well as questions to see if you are eligible to receive SNAP benefits within 7 days. Would you like to apply for SNAP? **[YES/NO]. [AFTER ANSWERING PROCEED TO NEXT PARAGRAPH].**
- Medical assistance includes Medicaid, the Children’s Health Insurance Program (CHIP), Medicare Premium Assistance Programs (MPAP), and payment for Long-Term Services and Supports (LTSS). To qualify, you must meet certain financial and non-financial requirements. You will get an answer about your application within 90 days if you’re applying because you have a disability, and 45 days if you don’t have a disability. Would you like to apply for medical assistance? **[YES/NO].**

Let's continue with the questions needed to complete the interview and determine eligibility. A summary will be repeated back to you at the end of the call. You must confirm the information is correct in order for this to be considered your application.

Worker conducts interview.

The following will be recorded and serve as your application for benefits. You always have the right to submit an application in writing; however, once your telephone application is submitted over the phone, it will be treated exactly the same as a written application. We will now begin recording...

Start Recording

If you are not registered to vote where you live now, would you like to apply to register to vote? **[YES/NO].** If you said “YES”, a voter registration form will be sent to you following this interview. Follow the instructions on the form once received. If you said “NO”, you will be considered to have decided not to register to vote at this time.

By signing this application over the phone, you are certifying under penalty of perjury that the information or answers you provide for yourself and for everyone in your household in this application, during the interview, or in any reported change are complete and accurate to the best of your knowledge, including information provided about the citizenship or alien status for each household member applying for benefits.

By completing this application over the phone, you are confirming that you understand the following:

Your right to:

- Receive fair treatment without regard to race, color, national origin, sex, age, sexual orientation, gender identity (including gender expression), disability, marital status, family/parental status, income derived from a public assistance program, reprisal or retaliation for prior civil rights activity, and in some cases, religion or political beliefs because this institution is an equal opportunity provider; and,
- Request a fair hearing if you disagree with any action on your application by calling or writing your local county agency. Your fair hearing will be heard before the Ohio Department of Job and Family Services.

Your responsibility:

- Provide proof that you are eligible.
- If anything changes (or is different than) what you said in this application, you must report the change within 10 days. A change in your information may affect the eligibility for you or members of your assistance group.
- Understand and agree to provide documents to prove what you say during this call.
- Understand that the county agency may contact other persons or organizations to obtain the necessary proof of your eligibility and level of assistance and/or in some instances, you may be asked to give consent to the county agency to make those contacts.
- Provide Social Security numbers and identify if someone is a US citizen for anyone who is applying for cash and food assistance.
- Understand that Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. Providing this information is voluntary and is used for informational purposes only. If you do not want to give us the information, it will have no effect on your case but we will enter a response for you.
- Understand that a telephonic signature has the same legal effect and can be enforced in the same way as written signature.
- Not sell, trade, or give away your food assistance benefits.
- Use your food assistance benefits to only buy eligible items.
- To receive a deduction for the following expenses in the food assistance program, you must report and provide verification of: your rent or mortgage payment, utility and/or shelter costs, medical expenses if you are elderly or disabled, dependent care expenses, and legally obligated child or medical support paid to a non-household member. Failure to report or verify any of the above will be seen as a statement by your household that you do not want a deduction for that expense.

- Understand that if you are only applying for food assistance, you do not have to respond to questions about gender.
- Understand that by signing this application and receiving Ohio Works First cash assistance, you may be required to cooperate with child support enforcement agency in establishing paternity or establishing or enforcing a support order. If you are required to cooperate with the child support enforcement agency, a referral will be submitted to the agency on your behalf and assignment to the State of Ohio of any rights to all support owed to you and the minor children in the assistance group.
- Understand that the Ohio Department of Medicaid will get information about your financial resources from banks, credit unions, or other financial institutions to determine your eligibility for medical assistance. Authorization to get this information remains in effect until: your application for medical assistance is denied, your eligibility ends, or you decide to end your authorization. If you refuse to authorize the release of this information, or you decide to end your authorization, you understand that your medical assistance may be denied or discontinued.
- Understand that the Ohio Department of Medicaid will check your answers using Social Security numbers and information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration (SSA), the Department of Homeland Security, and others. If the information does not match, you understand the Ohio Department of Medicaid may ask you to send more information.
- Understand that if you are permanently institutionalized or age 55 or older when you receive Medicaid benefits, the Estate Recovery Program may recover payments for the cost of your care paid by Medicaid from your estate. The cost of your care may include the capitation payment that Medicaid pays to your managed care plan, even if the capitation payment is greater than the cost of the services you actually received.
- Understand that you authorize any person who furnishes health care, medical supplies, or services to give the Ohio Department of Medicaid, the Ohio Department of Job and Family Services, or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Medicaid program, WIC, and other medical assistance programs. You also understand that you authorize the previously mentioned departments to exchange any information you have provided to enable the departments to determine your eligibility for medical assistance benefits.

Read one of the following:

If ONLY the Applicant is completing the application	If Authorized Representative (already designated in writing) is completing the application
What is your first and last name?	What is your first and last name?

<p>What is your address?</p> <p>Would you like to add an authorized representative? <i>[YES/NO]</i></p> <p><i>[If YES]</i> What is the Authorized Representative's name? What is the Authorized Representative's address?</p> <p><i>[If NO, proceed]</i></p>	<p>What is the first and last name of the person you are applying for?</p> <p>What is your address?</p> <p>What is the address of the person you are applying for?</p>
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I will now read a summary of the information you have provided and record your verbal signature. You will be read a list of statements and after these statements have been read, you will be asked to confirm that you agree with and understand the statements. 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 the information needs to be changed. *[When an applicant is designating an authorized representative during the call and that person is also on the phone with the applicant, the applicant must answer the following questions to officially designate the person as an authorized representative and to complete the application.]*

[If the household does not claim to be homeless] Your home address is *[Insert home address]* and your mailing address is *[The same as your home address OR Insert other mailing address]* in *[Insert county]* County, Ohio.

[Only read if the household claims to be homeless] You have reported that you do not have a home address and wish to receive mail at *[Insert mailing address]*.

You reported that your household has *[Earned/Unearned income]* in the monthly amount of *[Insert monthly amount]* from *[Source of income]*.

You reported your household currently pays the following: *[Insert applicable deduction amounts for Rent/Mortgage, Utilities, Medical Expenses, Child or Dependent Care Costs or Child Support Payments]*.

You have reported *[NO]* resources OR Resources in the amount of *[Insert resources amount]* from *[Source of resources]*.

[Only read if an authorized representative is designated during the call] You have named *[Insert name]* as your authorized representative on this call.

Do you agree that the information I just went over is correct? If yes, please state "I agree".

Would you like to make any updates? *[If NO, proceed to the next question]*

Do you want to submit this application for assistance over the phone? *[YES/NO]*

[If YES] Let me confirm your name and address *[REPEAT NAME AND ADDRESS]*.
You have now completed an application for *[REPEAT PROGRAM(S) CLIENT
REQUESTED]* that will be dated for today *[TODAY'S DATE]*.

[If NO] Your request to apply for assistance is incomplete, we will not be able to
continue without your understanding and agreement. *[END]*

Now we will stop recording. Please stay on the line to finish the last step of the
application process by listening to the following Rights and Responsibilities:

Stop Recording

Recertification - Telephonic Signature Script

If English is not your primary language, we can provide someone who can help you understand the questions during this application and in the interview. Do you need an interpreter? *[If YES, get the interpreter before proceeding]*

[Confirm identity of person on the phone]

Once I obtain your name, address and signature over the phone, this application for assistance will be dated XX/XX/XXXX. You will get an answer about your application by the end of your current certification period.

You have the right to authorize another person to act on your behalf and will have a chance to add an authorized representative during this call. Are you calling to apply for yourself?

[If YES, proceed]

[If NO, ask individual to identify himself or herself] If you are the authorized representative but have not yet been designated in writing by the applicant, you will need to apply online or submit a paper application at your local JFS office unless the applicant is with you on this call. If you are calling today on behalf of an individual and they are with you, the individual can designate you as the authorized representative on this call and written authorization is not required. Are you calling as an authorized representative?

[If NO, advise the caller that we will not be able to continue because an application is required to be submitted by the applicant or authorized representative.]

[If YES, determine if there is already written authorization to represent in the case record or if the applicant is on the call.]

[If YES to authorization in writing, proceed.]

[If YES to applicant also on call] Ask applicant to identify himself or herself and to confirm the caller can speak on their behalf during the call and that they intend to designate the caller as their authorized representative during the application process. Then state the following to the applicant: You will need to provide your telephonic signature at the end of this call to officially designate the caller as your authorized representative and submit the application.

[If NO, advise caller that he or she must apply online at ohiobenefits.ohio.gov or submit a paper application at the local JFS office.]

Let's continue with the questions needed to complete the interview and determine eligibility. A summary will be repeated back to you at the end of the call. You must confirm the information is correct in order for this to be considered your application.

Worker conducts interview.

The following will be recorded and serve as your application for benefits. You always have the right to submit an application in writing; however, once your telephone application is submitted over the phone, it will be treated exactly the same as a written application.

Let's continue with the questions needed to complete the interview and determine eligibility. If you are applying for SNAP, a summary will be repeated back to you at the end of the call. You must confirm the information is correct in order for this to be considered your application.

We will now begin recording...

Start Recording

If you are not registered to vote where you live now, would you like to apply to register to vote? ***[YES/NO]***. If you said "YES", a voter registration form will be sent to you following this interview. Follow the instructions on the form once received. If you said "NO", you will be considered to have decided not to register to vote at this time.

By signing this application over the phone, you are certifying under penalty of perjury that the information or answers you provide for yourself and for everyone in your household in this application, during the interview, or in any reported change are complete and accurate to the best of your knowledge, including information provided about the citizenship for each household member applying for benefits.

By completing this application over the phone, you are confirming that you understand the following:

Your right to:

- Receive fair treatment without regard to race, color, national origin, sex, age, sexual orientation, gender identity (including gender expression), disability, marital status, family/parental status, income derived from a public assistance program, reprisal or retaliation for prior civil rights activity, and in some cases religion or political beliefs because this institution is an equal opportunity provider; and,

- Request a fair hearing if you disagree with any action on your application by calling or writing your local county agency. Your fair hearing will be heard before the Ohio Department of Job and Family Services.

Your responsibility:

- Provide proof that you are eligible.
- If any changes (or is different than) what you said in this application, you must report the change within 10 days. A change in your information may affect the eligibility for you or members of your assistance group.
- Understand and agree to provide documents to prove what you say during this call.
- Understand that the county agency may contact other persons or organizations to obtain the necessary proof of your eligibility and level of assistance and/or in some instances, you may be asked to give consent to the county agency to make those contracts.
- Provide Social Security numbers and identify if someone is a US citizen for anyone who is applying for cash and food assistance.
- Understand that Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. Providing this information is voluntary and is used for informational purposes only. If you do not want to give us the information, it will have no effect on your case but we will enter a response for you.
- Understand that telephonic signature has the same legal effect and can be enforced in the same way as a written signature.
- Not sell, trade, or give away your food assistance benefits.
- Use your food assistance benefits to only buy eligible items.
- To receive a deduction for the following expenses in the food assistance program, you must report and provide verification of: your rent or mortgage payment, utility and/or shelter costs, medical expenses if you are elderly or disabled, dependent care expenses, and legally obligated child or medical support paid to a non-household member. Failure to report or verify any of the above will be seen as a statement by your household that you do not want a deduction for that expense.
- Understand that if you are only applying for food assistance, you do not have to respond to questions about gender.
- Understand that by signing this application and receiving Ohio Works First cash assistance, you may be required to cooperate with the child support enforcement agency in establishing paternity or establishing or enforcing a support order. If you are required to cooperate with the child support enforcement agency, a referral will be submitted to the agency on your behalf and assignment to the State of Ohio of any rights to all support owed to you and the minor children in the assistance group.
- Understand that by signing this application and receiving Medicaid, you are assigning to the State of Ohio any rights to medical support and any rights to payments by a liable third party for medical assistance owed to you and/or to any

minor child in your assistance group. You understand that you must tell the Ohio Department of Medicaid about any health insurance you have or about any third party responsible for your medical expenses. You give the Department the right to pursue medical support from an ex-spouse or parent. If you think that cooperating to collect medical support will harm your children or yourself, you can tell the Department and you may not have to cooperate.

- Understand that the Ohio Department of Medicaid will get information about your financial resources from banks, credit unions, or other financial institutions to determine your eligibility for medical assistance. Authorization to get this information remains in effect until: your application for medical assistance is denied, your eligibility ends, or you decide to end your authorization. If you refuse to authorize the release of this information, or you decide to end your authorization, you understand that your medical assistance may be denied or discontinued.
- Understand that the Ohio Department of Medicaid will check your answers using Social Security numbers and information from computer data sources, including the Internal Revenue Service (IRS), the Social Security Administration (SSA), the Department of Homeland Security, and others. If the information does not match, you understand the Ohio Department of Medicaid may ask you to send more information.
- Understand that if you are permanently institutionalized or age 55 or older when you receive Medicaid benefits, the Estate Recovery Program may recover payments for the cost of your care paid by Medicaid from your estate. The cost of your care may include the capitation payment that Medicaid pays to your managed care plan, even if the capitation payment is greater than the cost of the services you actually received.
- Understand that you authorize any person who furnishes health care, medical supplies, or services to give the Ohio Department of Medicaid, the Ohio Department of Job and Family Services, or the Ohio Department of Health any information related to the extent, duration, and scope of services provided under the Medicaid program, WIC, and other medical assistance programs. You also understand that you authorize the previously mentioned departments to exchange any information you have provided to enable the departments to determine your eligibility for medical assistance benefits.

Read one of the following:

If ONLY the Applicant is completing the application	If Authorized Representative (already designated in writing) is completing the application
What is your first and last name?	What is your first and last name?
What is your address?	What is the first and last name of the person you are applying for?

<p>Would you like to add an authorized representative? <i>[YES/NO]</i></p> <p><i>[If YES]</i> What is the Authorized Representative's name? What is the Authorized Representative's address?</p> <p><i>[If NO, proceed]</i></p>	<p>What is your address?</p> <p>What is the address of the person you are applying for?</p>
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I will now read a summary of the information you have provided and record your verbal signature. You will be read a list of statements and after these statements have been read, you will be asked to confirm that you agree with and understand the statements. 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 the information needs to be changed. ***[When an applicant is designating an authorized representative during the call and that person is also on the phone with the applicant, the applicant must answer the following questions to officially designate the person as an authorized representative and to complete the application.]***

Your application is based on a reported household size of ***[#]*** people, which includes ***[Name(s) of individuals]***. ***[Only read if requesting SNAP]*** You reported ***[Name of individuals]*** purchase and prepare food together.

You reported that your household has ***[Earned/Unearned income]*** in the monthly amount of ***[Insert monthly amount]*** from ***[Source of income]***.

You reported your household currently pays the following: ***[Insert applicable deduction amounts for Rent/Mortgage, Utilities, Medical Expenses, Child or Dependent Care Costs or Child Support Payments]***.

Other reported changes include ***[Insert other reported changes]***.

[Only read if an authorized representative is designated during the call] You have named ***[Insert name]*** as your authorized representative on this call.

Do you agree that the information I just went over is correct? If yes, please state "I agree".

Would you like to make any updates? ***[If NO, proceed to the next question.]***

Do you want to submit this application for assistance over the phone? ***[YES/NO]***

[If YES] Let me confirm your name and address ***[REPEAT NAME AND ADDRESS]***. You have now completed a recertification for ***[REPEAT***

PROGRAM(S) CLIENT REQUESTED assistance that will be dated for today
[TODAY'S DATE].

[If NO] Your request to apply for assistance is incomplete, we will not be able to
continue without your understanding and agreement. ***[END]***

Now we will stop recording. Please stay on the line to finish the last step of the
reapplication process by listening to the following Rights and Responsibilities:

Stop Recording