Staff must read all content (as applicable) in green
System automatically plays content in blue
Script decision / logic points are in yellow
System / Finesse actions required are in red

Audio signature script begins below:

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 eligibility 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 to IF Caller is Applicant Section below]
[If NO, continue here and 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.]

If Caller is Applicant

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 (click Audio Signature button to begin)

If you are not registered to vote where you live now, would you like to apply to register to vote? ***[YES/NO].***

Continue Recording (click Audio Signature button again to continue)

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 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.
- Report a change within 10 days if anything changes (or is different than) what you said in this application. 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 SNAP.
- 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 a written signature.

- 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 address?* *Would you like to add an authorized representative?* **[YES/NO]** • **[If YES]** *What is the Authorized Representative's name?* • *What is the Authorized Representative's address?* **[If NO, proceed]**	*What is your first and last name?* *What is the first and last name of the person you are applying for?* *What is your address?* *What is the address of the person you are applying for?*

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]***.

- *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 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.*

- *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 (click Audio Signature button again to stop recording)