

From: [DCF BWF Work Programs Help Desk](#)
To: [DCF DL DFES BWF W-2 Agency Directors](#); [DCF DL DFES BWF W-2 Agency CARES Coordinators](#); [DCF DL DFES BWF TJ TMJ](#)
Cc: [DCF DL DFES BWF W-2 REGIONAL STAFF](#); [DCF DL DFES BWF Supervisors](#); [DCF DL DFES PTT W-2 Staff](#)
Subject: COVID-19 CCA Scripts
Date: Wednesday, April 8, 2020 12:13:20 PM
Attachments: [Telephonic Signature_CCA Script for Emergency Assistance.pdf](#)
[Telephonic Signature_CCA Script for W-2 Eligibility \(003\).pdf](#)
[Telephonic Signature_CCA Script for W-2 Request for Assistance \(004\).pdf](#)

Hello.

Due to the suspension of in-person signature and meeting requirements and the expanded use of CCA as described in the [Work Program Policy and Automation Adjustments Document](#), attached are three scripts agencies can use when utilizing CCA for telephonic signatures for W-2 Requests for Assistance, W-2 Eligibility intakes, and Emergency Assistance applications.

This email and the attachments will be posted to the BWF Work Programs Help Desk Home Page located here: <https://dcf.wisconsin.gov/w2/partners/toolbox/helpdesk>. All COVID-related emails can be found in the Common Requests section under **COVID-19 Information**.

If you have any questions regarding policies, please contact the W-2 Policy Mailbox at DCFW2PolicyQuestions@wisconsin.gov or the Help Desk at BWFworkprogramsHD@wisconsin.gov as appropriate. For contract questions, please contact Linda Richardson at Linda1.Richardson@wisconsin.gov. Your regional staff are also available for questions.

Thank you all for all your hard work serving the children and families of Wisconsin.

Jes Moss

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Telephonic Signature – CCA Script for Emergency Assistance

Telephonic Signature ID

In order to set your date of application, we will record the next portion of this call and keep it on file.

Signing Your EA application

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 the following programs:

- Emergency Assistance (EA)

(Summarize EA application information provided by the applicant)

I will now read you a list of statements. After I read these statements, I will ask you to confirm that you understand and agree to each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

Use of Social Security Number

You must give a Social Security number for each person in your family who receives assistance. You may need to provide proof that a person who does not have a Social Security number has applied for one.

State law requires you to give a Social Security number or apply for a Social Security number to determine your family's eligibility for EA. The number you give to the agency will be verified through a computer matching program to ensure compliance with program regulations and management.

Telephonic Signature

- 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 EA in a different format.

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?

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 EA application over the phone?

After each statement I read, please say yes if you heard and understand the statement:

1. I understand the questions and statements on this Application.

Telephonic Signature – CCA Script for Emergency Assistance

2. I understand that I must not give false information about myself or my household members. This includes:
 - a. Make false or misleading statements.
 - b. Misrepresent or withhold facts.
 - c. Act in a way intended to mislead or misrepresent or withhold facts.
3. I understand that if I, or one of my household members with my knowledge, is found to have intentionally given false information so that I can be eligible for EA I can be denied EA payments.
 - If I, or one of my household members with my knowledge, am found to have intentionally given false information 1 time, I will be denied EA eligibility for 6 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 2 times, I will be denied EA eligibility for 12 months. If I, or one of my household members with my knowledge, am found to have intentionally given false information 3 times, I will be denied EA eligibility permanently. I understand that I may also be prosecuted for fraud if I intentionally give false information to receive payments at any time.
 - I understand that I have to pay back any EA payments that I get by mistake.
4. I agree to provide documents to prove my statements if it is requested and I understand that the W-2 agency may contact other persons or organizations to obtain the necessary proof of my eligibility and level of any payment.
5. I reside in and intend to continue residing in Wisconsin. Note: A migrant worker must reside in Wisconsin but does not have to intend to continue residence in Wisconsin.
6. I understand that if I do not agree with the agency's decision regarding my EA Application, I may request a Fact Finding Review by writing to or calling the W-2 agency that made the application decision. I must do this within 45 calendar days of the decision date.
7. I authorize the agency to request and receive any information that is appropriate and necessary for the proper administration of the EA program. Sources of information may include, but are not limited to, the Internal Revenue Service, Social Security Administration, Unemployment Insurance Division, and the Department of Transportation. I also understand that any person, including any financial institution, credit reporting agency, employer, or educational institution is authorized to release this information, according to Wisconsin Statutes section 49.22(2m) and 49.138.

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

Telephonic Signature – CCA Script for W-2 Eligibility

Telephonic Signature ID

In order to set your date of your intake interview, we will record the next portion of this call and keep it on file.

Signing Your Application Summary

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 the following programs:

- Wisconsin Works (W-2)

I will now read you a list of statements. After I read these statements, I will ask you to confirm that you understand and agree to each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

Use of Social Security Number

You must give a Social Security number for each person in your family who receives assistance. You may need to provide proof that a person who does not have a Social Security number has applied for one.

State law requires you to give a Social Security number or apply for a Social Security number to determine your family's eligibility for W-2. The number you give to the agency will be verified through a computer matching program to ensure compliance with program regulations and management.

Telephonic Signature

- We will provide you with a written summary of your application. You are required to review it and notify us within 10 calendar days if you see anything that is not correct. If your child or children move out of your home, you must notify us within 5 working days. If you do not contact us, we will assume that you agree with everything recorded on the application summary.
- You may need to provide proof of your answers. By telephonically signing this eligibility application summary, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive W-2 services.
- Your information on previous wages and employment from the records of the Unemployment Insurance Program may be shared with the agency to verify the accuracy of information provided on this application.
- 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.

Telephonic Signature – CCA Script for W-2 Eligibility

- If you have a disability, you may request information about your W-2 services in a different format.
- You will be required to cooperate with the Child Support agency in order to participate in W-2.
- By signing this application summary for W-2, you are also applying for Child Support Services.
- You have the right to request a Fact Finding if you disagree with the agency actions regarding your W-2 services.
- The Wisconsinjobcenter.org 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.
- You have received or will be sent the Addendum to Application/Registration form.
- You have received or will be sent the Rights and Responsibilities – A Help Guide.
- You have received or will be sent the W-2 Participation Agreement form.

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?

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 W-2 application summary over the phone?

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

Telephonic Signature – CCA Script for W-2 Request for Assistance

Telephonic Signature ID

In order to set your application date, we will record the next portion of this call and keep it on file.

Signing Your Application Registration

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 the following programs:

- Wisconsin Works (W-2)

I will now read you a list of statements. After I read these statements, I will ask you to confirm that you understand and agree to each statement. If you have any questions or concerns with any of these statements, please feel free to interrupt at any time.

Use of Social Security Number

You must give a Social Security number for each person in your family who receives assistance. You may need to provide proof that a person who does not have a Social Security number has applied for one.

State law requires you to give a Social Security number or apply for a Social Security number to determine your family's eligibility for W-2. The number you give to the agency will be verified through a computer matching program to ensure compliance with program regulations and management.

Telephonic Signature

- We will provide you with a written summary of your application registration. You are required to review it and notify us within 10 calendar days if you see anything that is not correct. If your child or children move out of your home, you must notify us within 5 working days. If you do not contact us, we will assume that you agree with everything recorded on the application registration.
- You may need to provide proof of your answers. By telephonically signing this application registration, we are authorized to contact any person or organization to obtain needed information in order to determine if you can receive W-2 services. You received or will be sent the What to Bring With You brochure to tell you what to send for verification.
- We will tell you in writing within 30 calendar days whether you are eligible.
- You will meet with a Resource Specialist on the day you sign this registration form or the next work day. Payments or services may begin effective the date of your placement in a W-2 employment position
- 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.

Telephonic Signature – CCA Script for W-2 Request for Assistance

- If you have a disability, you may request information about your W-2 services in a different format.
- You will be required to cooperate with the Child Support agency in order to participate in W-2.
- By signing this application registration for W-2, you are also applying for Child Support Services.
- You have the right to request a Fact Finding if you disagree with the agency actions regarding your W-2 services.
- The Wisconsinjobcenter.org 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.
- You received or will be sent the Benefits and Services Offered at the Wisconsin Works (W-2) Agencies brochure to tell you what benefits may be available to you and your family.

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?

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 W-2 application registration over the phone?

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