

## 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.

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- 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.

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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.