CALWORKS REDETERMINATION/CALFRESH RECERTIFICATION TELEPHONIC SIGNATURE SCRIPT (ENGLISH)

Worker: "Good morning/afternoon, may I please speak with [Customer's Name]?"

If the customer states "NO":

Worker: "Thank you. We will try to contact [Customer's Name] at a later time. Have a nice day." End the call.

If the customer states "YES, this is he/she":

Worker: "Good morning/afternoon, my name is [EW's Name] from the Department of Public Social Services. Please be advised that this call will be recorded for training and quality assurance purposes. For security and confidentiality purposes, I am going to ask you to verify your identity by asking you six (6) questions. Could you please verify:

- your full name;
- your case number;
- the last 4 digits of your Social Security Number;
- your date of birth;
- your address on file; and
- your phone number on file?"

If	Then
Authenticated	Continue.
NOT	Do NOT provide any more confidential information to the caller.
authenticated	End the call.

INTRODUCTION (Applicable to both CW/CF)

Worker: "Thank you, I am calling for your appointment to complete your CalWORKs/CalFresh Re-Evaluation Telephone Interview. The process will take approximately 20 minutes. Are you available now to complete your CalWORKs/CalFresh Re-Evaluation?"

lf	Then						
YES	Continue	Continue.					
NO	we can phone k Signature sign all n process i	Worker: "Please note that even if we have not received your packet, we can complete your CalWORKs/CalFresh Re-Evaluation over the phone by capturing your telephonic signature. A Telephonic Signature consists of recording your verbal consent/authorization to sign all necessary forms through this call. If we do not complete the process in a timely manner, your benefits may be impacted. Would you like to continue with your appointment?"					
	If	lf Then					
	YES	Continue.					
	NO	Reschedule the appointment (by the 1st of the following month), wish the customer a nice day, and end the call.					
		 For CalFresh, send the Notice of Missed Interview (CF 386-NOMI) as soon as possible but no later than the next working day. For CalWORKs, ensure to go to the LRS Worklist PR/RE page and update the Customer Appointment Detail page to "No Show". 					

Worker: "CalFresh is a nutritional benefit program that helps eligible residents of LA County purchase food." CalFresh benefits can be used at grocery stores, farmer's market, and if you are disabled/homeless/elderly you can even use your benefits at participating restaurants. You may receive CalFresh benefits even if you work. SECTION 1 Are you interested in continuing your CalFresh Eligibility? " (Only for CF) lf... Then... YES Go to Section 3. Go to Section 2. NO Worker: Ask the customer why they do not want to continue their CalFresh Eligibility. Record the reason why they do not want to continue receiving CalFresh in **SECTION 2** the LRS Journal. (Only for CF) Inform the customer that they can contact CSC at any time to initiate a new application for CalFresh. Process the discontinuance in LRS and document the case with all actions taken. End the call. Worker: "Great! Let's begin. Since you have not yet turned in your CalWORKs/CalFresh Redetermination/Recertification, the process to complete your re-evaluation over the phone will take approximately 20 minutes. We can take you through the entire process right now if you can stay on the phone. You will not need to submit a physical or electronic packet after the process is completed over the phone today. We will submit your re-evaluation over the phone using a telephonic signature. Would you like to go through the full process?" If... Then... YES Go to **Section 4**. **SECTION 3** NO Worker: (Applicable to • Explain to the customer that they must submit a complete both CW/CF) redetermination/ recertification by mail, fax, YBN, telephone, or in person, to continue CalWORKs/CalFresh eligibility. Ask customer if they received their redetermination/ recertification packet? If not, offer to mail one. • Offer to reschedule the Re-Evaluation Interview Appointment for a later date (by the 1st of the following month). • Document the LRS Journal explaining that the customer was offered to complete the Re-Evaluation over the phone but refused for the following reason: (State the reason) and the new date of the rescheduled appointment. • End the call. **SECTION 4** Complete the CalWORKs/CalFresh Redetermination/Recertification by asking ALL

During the workflow, ensure LRS is updated as needed based on the information received during the interview. Updated changes may include, but not limited to:

1. Income and/or resources:

(Applicable to

both CW/CF)

- 2. Household composition; and/or
- 3. Effective Begin Dates and/or Use Effective Month as appropriate.

the Financial and Non-Financial Root Questions.

Note: End Date any pages no longer applicable and review persons requesting and/or programs requested for current recertification.

RIGHTS AND RESPONSIBILITIES (Applicable to both CW/CF)

Worker: "A copy of your rights and responsibilities was mailed to you along with the appointment letter. Did you receive the copy?"

If	Then
YES	Worker: "Great, I will now be playing an audio recording about your
	"Rights and Responsibilities".
NO	Worker: "Another copy will be sent to you along with a copy of the
	Statement of Facts for you records. I will now be playing an audio
	recording about your "Rights and Responsibilities".



PLAY the "Rights and Responsibilities" Audio Recording



START Recording the Telephonic Signature

Worker: "We will now begin recording your signature through this call. We need to record your verbal signature to complete this redetermination/recertification. A simple 'YES' or 'NO' answer to the following questions will be required."

Worker: "Please be advised that the following applies to all customers that apply for CalWORKs/CalFresh benefits in person, by mail, or over the telephone. The County will check your answers using information in state and federal electronic databases from the Internal Revenue Service (IRS), Social Security Administration (SSA), consumer reporting agencies, and other government agencies. If the information doesn't match, the County may ask you to send proof. By signing this application over the telephone, you certify under penalty of perjury, that you are answering correctly and completely to the best of your knowledge, you also certify that you understand that the answers to the questions you have answered are true and complete to the best of your knowledge. Do you agree with these statements?"

SAWS 2 PLUS

TELEPHONIC SIGNATURE

(Applicable to both CW/CF)

lf	The
Yes	Wo
	leg

Then...

Worker: "A signature over the phone has the same legal effect and is legally enforced in the same way as a written signature. Do you agree to a verbal signature?"

If	Then
Yes	Worker: "Please state your full legal name and last four
	digits of your social security number." (If customer does
	not have a social security number or does not wish to
	provide the last four numbers of the SSN, ask for another
i	form of identifying information, e.g. date of birth, last four
	digits of a citizen child's social security number, etc.)
	If Then
	CalFresh Worker: "Thank you, your CalFresh
	recertification has now been signed and
	completed. Today's date is MM/DD/YYYY.
ļ	A copy of your completed recertification is
	A copy of your completed recertification is available on your YBN account for your

request. If you would like a copy, it will be

		have a	the mailing address on file. Do you ny questions?"
		Yes	Answer the questions. STOP the TS recording. Thank the caller for taking your call and end the call.
		No	STOP the TS recording and the call.
	CalWORKs	now be date is comple your YB will onl would	"Thank you, your SAWS 2 PLUS has een signed and completed. Today's MM/DD/YYYY. A copy of your eted redetermination is available on N account for your records. Copies y be mailed upon request. If you like a copy, it will be sent to the address on file. Do you have any ns?"
		If	Then
		Yes	Answer the questions. STOP the TS recording and continue with the next form.
		No	STOP the TS recording and
		140	continue with the next form.
No	electronic, of YBN accourt mail in the packet or so above.	the on cannot relept to core physichedule ent now ient still	I — — — — — — — — — — — — — — — — — — —



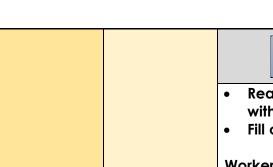
STOP Recording

- Continue with the interview and review with the client the additional documents/brochures in the Redetermination/Recertification Packet.
- Send the HH the Request for Verification (CW 2200) with a 10-day deadline to provide required forms and verification.

For CalWORKs:

To continue, please use the following yellow sections as applicable. The yellow sections are as follows:

- CW 2.1 Notice and Agreement for Child, Spousal and Medical Support;
- CW 2.1Q Support Questionnaire;
- CW 52 Child Support Payment Opt-In Form;
- PA 1913 Confidential Domestic Violence Info;
- PA 129 Child Care:
- CW 8 Statement of Facts for An Additional Person; and
- CW 8A Statement of Facts to Add A Child Under Age 16.





START Recording the Telephonic Signature

- Read and review the Rights and Responsibilities listed on CW 2.1 with the customer.
- Fill out the name of the noncustodial parent/alleged father.

Worker: "By signing this application over the telephone, you certify that you understand your rights and responsibilities as written on the notice; that you understand the rules for assigning support rights to the county; and that you also understand your right to claim good cause. Please choose one of the following statements:

- 1. I agree to cooperate with the county and the Local Child Support Agency (LCSA) as listed above.
- 2. I claim good cause and refuse to cooperate at this time.
- 3. I refuse to assign child/spousal support rights (cash aid)/
- 4. I refuse to assign medical support right (cash aid and Medi-Cal)."

NOTE: The customer must choose one of the statements mentioned above.

TELEPHONIC SIGNATURE (Only for CW) CW 2.1 Notice and Agreement for Child, Spousal and Medical Support

lf
YES,
customer
is willing
to
continue

Then..

Worker: "A signature over the phone has the same legal effect and is legally enforced in the same way as a written signature. Do you agree to a verbal signature?"

If	Then				
Yes	Worker: "Please state your full legal name and last four digits of your social security number." (If customer does not have a social security number or does not wish to provide the last four of the SSN, ask for another form of identifying information, e.g. date of birth, last four digits of a citizen child's social security number that is part of the case.) Worker: "Thank you, your Child Support Notice and Agreement has now been signed and completed. Today's date is MM/DD/YYYY. Do you have any questions?"				
	If Then				
	Yes	Answer the questions. STOP the TS recording and continue with the next form.			
	No	STOP the TS recording and continue with the next form.			
No	cannot	to the customer the redetermination be completed without a physical, nic, or telephonic signature. Direct them			

to their YBN account to upload a signed CW

2.1, or to submit by mail or by drop-off.

		-	T
		NO, customer does not want to continue	address any issues or concerns. Continue by following the blue arrow above.
			STOP Recording
		Udephonie Stepattue	START Recording the Telephonic Signature
		Read and a	complete the CW 2.1Q with the customer.
		under pen America a	y signing this application over the telephone, you declare nalty of perjury under the laws of the United Stated of and the State of California that the information in this aire is true, correct and complete. Do you agree with this?"
		If	Then
		YES	Worker: "A signature over the phone has the same legal effect and is legally enforced in the same way as a written signature. Do you agree to a verbal signature?"
TELEPHONIC SIGNATURE (Only for CW)	CW 2.1Q Support Questionnaire		Yes Worker: "Please state your full legal name and last four digits of your social security number." (If customer does not have a social security number or does not wish to provide the last four of the SSN, ask for another form of identifying information, e.g. date of birth, last four digits of a citizen child's social security number that is part of the case.)
			Worker: "Thank you, your Child Support Questionnaire has now been signed and completed. Today's date is MM/DD/YYYY." Do you have any questions?"
			If Then Yes Answer the questions. STOP the TS recording and continue with the next form.
			No STOP the TS recording and continue with the next form.
			No Explain to the customer the redetermination cannot be completed without a physical, electronic, or telephonic signature. Direct them

		to their YBN account to upload a signed CW 2.1Q, or to submit by mail or by drop-off. If the client now authorizes a TS, follow the blue arrow above. If the client still does not authorize a TS, STOP the recording. NO Ask the client which part of the questions and statements he/she does not understand. Explain and address any issues or concerns. Continue by following the blue arrow above. STOP Recording
		START Recording the Telephonic Signature
TELEPHONIC Chi	CW 52 ld Support nent Opt-in Form	 Worker: "By signing this Child Support Payment Opt-In form, you certify that you are the parent or caretaker relative of the child(ren) listed on this form and choose to keep the monthly child support you get for him or her instead of CalWORKs cash aid. You understand you can keep the monthly child support if you meet the conditions under numbers 1-3 below. You understand that the child(ren) will not be eligible to get CalWORKs cash aid unless I withdraw this request. These rules have been explained to you by your worker. You also certify and understand that: The child(ren) listed is a stepsibling or half-sibling of an eligible CalWORKs child living in the same home; The amount of monthly child support you get for the child(ren) is more than the monthly amount of cash aid you would get for him or her; You have at least one CalWORKs eligible child remaining in the assistance unit; You can withdraw this option when your semi-annual report (SAR) is due (if you are a SAR assistance unit), at annual redetermination or if the child support for the child lowers or stops. You cannot opt in again until your SAR report is due or at your annual redetermination appointment; Your request to opt in at application will be effective the date your cash aid is approved. Your request to opt in or out at any other time will be effective the first of the month following your request after the county gives you a 10-day notice. If you opt out because the child support you get for your child lowers or stops, your grant may increase within 10 days from the day you show proof; and You have had your rights explained to you and have been given informing notice explaining the rules. You choose not to get CalWORKs cash assistance for your child (ren) listed below, and instead, you wish to keep all of the child support you got for this/these child(ren): [write down the name of the child]. You certify that you understand your rights as explained to you and that y

		payment. Do you agree with these statements?"		
		If YES Worker: "A signature over the phone has the same legal effect and is legally enforced in the same way as a written signature. Do you agree to a verbal signature?"		
			If	Then
			Yes	Worker: "Please state your full legal name and last four digits of your social security number." (If customer does not have a social security number or does not wish to provide the last four of the SSN, ask for another form of identifying information, e.g. date of birth, last four digits of a citizen child's social security number that is part of the case.)
				Worker: "Thank you, your Child Support Payment Opt-In form has now been signed and completed. Today's date is MM/DD/YYYY." Do you have any questions?"
				If Then Yes Answer the questions. STOP the TS recording and continue with the next form. No STOP the TS recording and continue with the next form.
			No	Explain to the customer the redetermination cannot be completed without a physical, electronic, or telephonic signature. Direct them to their YBN account to upload a signed CW 52, or to submit by mail or by drop-off. If the client now authorizes a TS, follow the blue arrow above. If the client still does not authorize a TS, STOP the recording.
		Ask the client which part of the questions statements he/she does not understand. Explai address any issues or concerns. Continue by fol the blue arrow above. STOP Recording		ents he/she does not understand. Explain and s any issues or concerns. Continue by following
				STOP Recording
	PA 1913 Confidential Domestic Violence Info	Udephonic Sipatuca	START	Recording the Telephonic Signature
TELEPHONIC SIGNATURE (Only for CW)		need for s require a to follow alou Information	specialize elephon ng with n. The qu	continue with asking questions to determine a sed supportive services. The following form will hic signature at the end of the questions. Please form titled, Confidential Domestic Violence westions are specific to potential abuse and are ential and private. Please confirm that you are in a

secure location where you feel comfortable and safe discussing."

Once the client confirms they are in a secure location and the form is in front of them, start with DV questionnaire by reading the introductory statement on the PA 1913.

Worker: "I am going to ask you some questions to see if you might need help. There are several services available in Los Angeles County to help you keep your family safe free of charge if you are experiencing any of the issues below. Do you have any questions before proceeding?"

If	Then
YES	Ask the client which part of the statement they did not understand or have questions about. Explain and address any issues or concerns. Continue with asking question 1-9.
NO	Continue with asking questions 1-9.

For all the questions 1-9:

If	Then			
YES to any questions 1-9 Read letters a-d, and complete section "A.				
	Worker: "I declare under penalty of perjury that I am abused, have been abused, or fear being abused".			
	Complete the box and read the statement next to the box depending on the client's response and continue.			
NO to	Complete section "B."			
questions 1-9				

Worker: "I declare that I have reviewed the information on this form with DPSS staff and have been given information about domestic violence. Do you understand this statement?"

If	Then
YES	Continue with script to record the telephonic signature.
NO	Ask the client which part of the statement they did not understand or have questions about. Explain and address any issues or concerns. Continue with script to record telephonic signature.

NOTE: The Telephonic Signature will be recorded whether or not the client requests DV services.

Worker: "We will now begin recording your signature through this call. We need to record your verbal signature to complete this form. A simple "Yes" or "No" answer to the following questions will be required. By signing the Confidential Domestic Violence Information form over the telephone, you certify under penalty of perjury, that you are answering correctly and completely to the best of your knowledge, you also certify that you understand that the answers to

				true and complete to the best h these statements?"
If	Then			
YES	Worker: "A effect an	d is legal	ly enf	the phone has the same legal orced in the same way as a agree to a verbal signature?"
	If	Then		
	YES	and lass number social suprovides another e.g. das child's suprovided the case worker Domess now be	st four r." (If ecurity the the r form te of b social se.) "The tic Viceen sign	ase state your full legal name adjusts of your social security customer does not have a y number or does not wish to last four of the SSN, ask for of identifying information, wirth, last four digits of a citizen security number that is part of ank you, your Confidential plence Information form has used and completed. Today's po/yyyy."
		If		Then
		Custor reques DV ser	sted	Worker: "Please note that your case will be transferred to a Specialized Services Case Worker for further
		Custor did NO reques	OT st DV	assistance." Continue.
		Worker	: "Do }	ou have any questions?"
		If	Then	•••
		Yes	reco takin	ver the questions. STOP the TS rding. Thank the caller for a your call and end the call.
		No	STOP cont	the TS recording and inue with the next form.
	NO	authoriz he/she address benefit signatu TS, STOI	e clied ze the does so any in so of the reference control of the reference control of the contro	ent why he/she does not ir signature and/or which part not understand. Explain and ssues or concerns. Explain the obtaining a telephonic client still does not authorize a ecording.
NO	have que	stions abo	out. Exp	rt they did not understand or plain and address any issues or eading the TS question. After

		signature is captured, STOP the recording and continu with the next form.				
		STOP Recording				
		START Recording the Telephonic Signature				
		Worker: "If you are a CalWORKs participant and you are employed or attending an approved Welfare-to-Work activity, you may be eligible for Stage 1 child care under: GAIN (Greater Avenues for Independence), Cal-Learn, Employed Individuals, or the Refugee Employment Program."				
		Read and review the Child Care general information and the Rights and Responsibilities on PA 129 with the customer.				
		Worker: "Do you need paid child care assistance in order to work or attend your approved Welfare-to-Work activity OR do you NOT need child care at this time OR do you certify that you will consider and evaluate if a before or after-school program will meet your child care needs for your 11 or 12-year old child?"				
		Complete the form according to the customer's response.				
TELEPHONIC SIGNATURE (Only for CW)	PA 129 Child Care	worker: "By signing this statement, you certify that you understathe information read to you and that you are aware of the child provider choices available to you and that you have discusse child care provider choice that is most applicable to your child needs. You also declare under penalty of perjury under the latte United States of America and the State of California the information you provided today regarding your childcare needs true and correct to the best of your knowledge."				
		If Then				
		YES Worker: "A signature over the phone has the same effect and is legally enforced in the same way written signature. Do you agree to a verbal signature.	ıy as a			
		If Then				
		Worker: "Please state your full legal and last four digits of your social se number." (If customer does not we social security number or does not we provide the last four of the SSN, another form of identifying inform e.g. date of birth, last four digits of a child's social security number that is put the case.)	ecurity ave a wish to ask for nation, citizen			
		Worker: "Thank you, your Child Care I Information form has now been signe completed. Today's date is MM/DD/ Do you have any questions?"	ed and			

					1		
				If	Then		
				Yes	Answer the questions. STOP the TS		
					recording. Thank the caller for		
					taking your call and end the call.		
				No	STOP the TS recording and		
					continue with the next form.		
			NO	Explain	to the customer the		
					mination cannot be completed		
					a physical, electronic, or telephonic		
					re. Direct them to their YBN account		
				_	ad a signed PA 129, or to submit by		
					by drop-off.		
					e client now authorizes a TS, follow		
					blue arrow above.		
					ient still does not authorize a TS, STOP		
				the rec			
		NO	Ask the cli		ch part they did not understand or		
			have questions about. Explain and address any issues or				
			concerns. Continue by reading the TS question. After				
					ed, STOP the recording and continue		
			with the ne		3		
			TWITT THE TIENT TOTAL.				
			STOP Recording				
		START Recording the Telephonic Signature					
		Worker: "Yo	Worker: "You need to fill out a statement of facts form for adding an				
	CW 8	adult to your case in order to receive aid for the new person. I will be asking you a few questions about the new person in the home."					
	Statement of						
	Facts for An						
	Additional	Review and complete the CW 8 with the customer.					
TELEPHONIC	Person	Read and review the Rights and Responsibilities on CW 8 with the					
SIGNATURE		custom	er.				
(Only for CW)	*new adult			•			
	MUST provide a	Worker: "By signing this form, you declare under penalty of perjury					
*IF adding an	photo ID in				States of America and the State of		
adult to case	person. Failure	California that the information in this statement of facts is true,					
	to comply will	correct, and complete."					
	result in						
	ineligibility for	If Then					
	entire AU.						

		YES		signature over the phone has the same legal	
		effect and is legally enforced in the same way as a written signature. Do you agree to a verbal signature?"			
			If YES	Then Worker: "Please state your full legal name and last four digits of your social security number." (If customer does not have a social security number or does not wish to provide the last four of the SSN, ask for another form of identifying information, e.g. date of birth, last four digits of a citizen child's social security number that is part of the case.) Worker: "Thank you, your Statement of Facts for an Additional Person has now been signed and completed. Today's date	
				is MM/DD/YYYY. Do you have any questions?" If Then Yes Answer the questions. STOP the TS recording. Thank the caller for taking your call and end the call. No STOP the TS recording and continue with the next form.	
			NO	Explain to the customer the redetermination cannot be completed without a physical, electronic, or telephonic signature. Direct them to their YBN account to upload a signed CW 8, or to submit by mail or by drop-off. If the client now authorizes a TS, follow the blue arrow above. If the client still does not authorize a TS, STOP the recording.	
		NO	Ask the client which part they did not understand or have questions about. Explain and address any issues or concerns. Continue by reading the TS question. After signature is captured, STOP the recording and continue with the next form.		
			STOR	STOP Recording	
TELEPHONIC SIGNATURE (Only for CW)	CW 8A Statement of	Telephonic Siepatene		cording the Telephonic Signature	
*IF adding a child under age 16 to case	Facts to Add A Child Under Age 16	child under	age 16 to y	ll out a statement of facts form for adding a our case in order to receive aid for the new u a few questions about the new child in the	

Review and complete the CW 8A with the customer. Read and review the Rights and Responsibilities on CW 8A with the customer. Worker: "By signing this form, you declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete." If... Then... YES **Worker:** "A signature over the phone has the same legal effect and is legally enforced in the same way as a written signature. Do you agree to a verbal signature?" If... Then. YES Worker: "Please state your full legal name and last four digits of your social security number." (If customer does not have a social security number or does not wish to provide the last four of the SSN, ask for another form of identifying information, e.g. date of birth, last four digits of a citizen child's social security number that is part of the case.) Worker: "Thank you, your Statement of Facts for an Additional Child Under Age 16 has now been signed and completed. Today's date is **MM/DD/YYYY**. Do you have any questions?" If... Then... Answer the questions. **STOP the TS** Yes recording. Thank the caller for taking your call and end the call. No STOP the TS recording and continue with the next form. NO Explain the customer redetermination cannot be completed without a physical, electronic, or telephonic signature. Direct them to their YBN account to upload a signed CW 8A, or to submit by mail or by drop-off. If the client now authorizes a TS, follow the **blue arrow** above. If the client still does not authorize a TS, STOP the recording. NO Ask the client which part they did not understand or have questions about. Explain and address any issues or concerns. Continue by reading the TS question. After signature is captured, **STOP the recording** and continue with the next form.

STOP Recording

CW RD

END

Worker: "Thank you, your CalWORKs redetermination has now been signed and completed. Today's date is **MM/DD/YYYY**. A copy of your completed redetermination is available on your YBN account for your records. Copies will only be mailed upon request. If you would like a copy, it will be sent to the mailing address on file. Do you have any questions?"

If	Then
YES	Answer the questions. End the call.
NO	Thank the caller for taking your call. End the call.