

PA, SNAP or MA on a PA case Application

Telephonic Signature Script

This script is based on the expectation that the applicant will complete the application by telephone, that the worker will be reading and reviewing all the information required on the LDSS 2921 (or local equivalent) with the applicant and reading to the applicant all of the notices, assignments, authorizations, consents and penalty warnings in such application and reading and reviewing the Rights and Responsibilities as contained in the Rights and Responsibilities booklet [LDSS 4148B](#).

You have had your rights and responsibilities concerning notices, assignments, authorizations and consents explained to you, **including those set forth below**. You understand what was explained to you and you were given an opportunity to ask questions about anything, including the following:

1. You have authorized the collection and use of social security numbers for each household member applying for Public Assistance (PA), Supplemental Nutritional Assistance Program (SNAP) or Medicaid (MA) on a PA case.
2. You have been read and understand the Nondiscrimination notice.
3. You have consented to any investigation to verify or confirm the information you have given in connection with your request for PA, SNAP or MA on a PA case.
4. You have authorized the New York State Department of Labor (DOL) to release any confidential information maintained by DOL for Unemployment Insurance purposes to OTDA.
5. You have agreed to the sharing of information regarding PA or SNAP to service providers for purposes of verifying eligibility and payment related to program administration provided by a State or local contractor.
6. You have agreed to inform the agency promptly of any change in address, needs, income, resources and property, able-bodied adult without dependents (ABAWD) status, household composition, pregnancy status or living arrangements.
7. You have been read and understand the information concerning the penalties for not telling the truth when applying for PA, Medicaid or SNAP.
8. You have been read and understand the requirements about accurately reporting household expenses, and you agree to report household expenses.
9. You have been informed of your ability to authorize a representative to apply for SNAP and MA benefits on a PA case for you.
10. You have been informed about your possible eligibility for the standard utility allowance.
11. You have been advised and agree to the release of medical information for the purposes read to you.

12. You agree, if applicable, to the release of educational records, information for the early intervention program, and the child/teen health program.
13. You have been informed of the possible reimbursement of medical expenses in the Medicaid program, and the authorization of payments in the Medicare Program.
14. You have been informed and agree that you must file any claims for health or accident insurance benefits, and to pursue any personal injury claims or any other resources to which you may be entitled, and agree to assign any such resources to the social services district to whom this application is made. In addition, you will assist in making any assigned benefits available to the social services district to whom this application is made.
15. You authorize payments owed to you or members of your household for health or accident insurance benefits to be made directly to the appropriate social services district for medical and other health services furnished while you are eligible for Medicaid.
16. You have been read and understand that as a condition of receiving PA, you may be required to execute a deed or mortgage of real property that you own, and that tax refunds and portions of lottery winnings may be taken to repay your debt for PA.
17. You authorize the Social Security Administration (SSA) to use your first Supplemental Security Income (SSI) payment to reimburse the district for Public Assistance it paid from State and local funds to you while SSA decides if you are eligible for SSI.
18. You understand that you will not be bound until the State gives notice to SSA that you and the district representative have signed an authorization. If the State does not give notice within 30 calendar days of matching your SSI record with your State record, SSA will send your retroactive SSI payment to you under SSA rules.
19. You understand that only your first payment of SSI can be used. If your first payment is larger than the amount owed to the district, SSA will send the rest to you.
20. SSA can reimburse the district in two situations: (1) It will repay the district if SSA finds you eligible, or (2) if your SSI benefits are reinstated after termination or suspension.
21. SSA will only reimburse the district for PA it paid during the time you were waiting for an SSA determination of eligibility. This is called "interim assistance." The period begins: 1) with the first month you become eligible for payment of SSI benefits, or 2) on the first day you are reinstated after your SSI was suspended or terminated. No later than 10 days after SSA reimburses the social services district, the district must send you a notice telling you the amount of interim assistance paid.
22. Under its rules, SSA may use the date you sign this authorization as the date you first become eligible for SSI. It will do this only if you apply for SSI within the next 60 days.
23. This authorization applies to any SSI application or appeal you now have pending before SSA. This authorization terminates if your SSI case is completely decided. It terminates when SSA first pays you. The State and you can also agree to terminate the authorization.

24. You will be given an opportunity for a fair hearing if you disagree with a decision the district made about reimbursement.
25. You have been advised that applying for or receiving PA or title IV-E foster care operates as an assignment of rights to the State and to the social services district, and you agree to the assignment of support rights.
26. You have been read and agree to the requirements for receiving HEAP benefits.
27. You have been provided with sexual assault information.
28. You have also certified that if applying for childcare assistance, your family resources do not exceed \$1,000,000.
29. That you will receive either an LDSS-2921 application in counties outside of New York City or an Authorization To Repay Public Assistance Benefits From Retroactive SSI in New York City (W-148A) in the mail and you and all applying adults will sign and send it back to your social services district within 30 days of making this telephone application.
30. You will be given an opportunity for a fair hearing if you disagree with a decision about your eligibility, or, if you are found eligible, your household's benefit amount.

You acknowledge and understand that by verbally signing this application you are verbally agreeing that you:

- 1) have been read and understand the notices in this application;
- 2) understand and agree to the assignments, authorizations and consents in this application;
- 3) have been read and understand the penalty warnings in this application;
- 4) authorize the Social Security Administration (SSA) to reimburse the district for Public Assistance you received while SSA decided your application for SSI as described in the application that was read to you;
- 5) swear and/or affirm under the penalties of perjury that the information you have given in this application or will give to the social services district is complete and correct.

Please indicate your verbal agreement and signature by stating " I so sign". If applying for PA, the applicant, applicant's spouse and all applying adults must be on the phone and must verbally sign as set forth above.