1. **Introduction:**
   1. Hi, this is ***your name*** from ***County*** Human Services calling for ***client name***, is he/she available?
   2. I am calling to complete the interview for the ***program requested*** application that you submitted. Do you have a few minutes to complete this over the phone with me now?
   3. First, I’d like to verify some information to be sure I have the correct person. What are the last four digits of your Social Security Number? Could you verify your date of birth please? What is your current address? And your current phone number?
2. **Case Information:**
   1. There will be several periods of silence throughout the interview. These are times when I do not have any questions for you but I will remain on the line if you need any assistance.
   2. Household Members: Please provide the first names of all individuals living at your current address. Is there anyone else at that address that you did not mention?
   3. Program Requests: Is everyone in your household applying for ***program requested***?
      1. For Health Care: Review option for back date request.
      2. For FoodShare: Review Priority Service screen and questions with the client.
   4. General Case Information:
      1. You already clarified your address for me previously. Is there an alternate mailing address you would like to have on file?
      2. Beside the number I contacted you at today, would you like to list any other contact numbers?
      3. The state now offers email notification of correspondence. This means they email a simple notification when you have a new document available rather then send the letter in the mail. You log into ACCESS.WI.GOV to view the letter. Would you like to add an email address and elect this option?
   5. Representative Gatepost: Ask all questions with a red asterisk as they are written. Add screens as necessary.
      1. If the client indicates a desire for an Authorized representative: I will mail additional paperwork to you. We will need the representative’s identification card or driver’s license returned with the signed, witnessed form.
3. **Individual Demographics:**
   1. Permanent Demographics: Review information for each participant individually.
      1. Are you a US citizen? In Which State were you born?
      2. What race do you identify with? Are you of Hispanic ethnicity?
      3. Are you a member of an American Indian Tribe or an Alaskan Native, or the child or grandchild of a member? Are you eligible to receive health care from Indian Health Services or at a tribal clinic?
   2. Current Demographics: Review information for each participant individually.
      1. Do you have a valid Wisconsin Driver’s License?
      2. What is your Marital Status?
      3. Do you currently reside in Wisconsin? Do you intend to continue residing in Wisconsin?
      4. Are you a Migrant Farm Worker?
      5. Are you a Fleeing Felon or in Violation of Probation or Parole?
      6. Is this a child living outside this home and in Foster Care or court-ordered Kinship Care? (applies only to children)
      7. Is this individual a tax dependent or tax co-filer living outside of the household?
4. **Benefits/School:**
   1. Benefits Received: Review information for each participant individually.
      1. Have you received FoodShare/SNAP in another state?
      2. Do you receive Tribal Commodities?
      3. Do you receive SSI Payments?
      4. Have you received an SSI letter?
      5. Do you receive any Foster Care or Subsidized Guardianship payments?
      6. Do you receive any SSI 1619(b)?
      7. Are you in Inpatient or Outpatient Drug or Alcohol Treatment?
   2. School Enrollment: Review information for each participant individually.
      1. What is your High School Graduation Status?
      2. Are you currently enrolled in School?
5. **Individual Non-Financial Gatepost:** Ask all questions with a red asterisk as they are written.
6. **Other Health Care Programs:** To be reviewed for NH/Waiver cases.
7. **Asset Gatepost:** To be reviewed for EBD MA cases.
   1. Review each asset individually.
8. **Employment Queries:** Allow this screen to load and review for new hires, wage quarters and potential FDSH matches.
   1. FDSH wages are available, review with the customer and ask if they are reflective of what the customer will be earning (prospectively) and is earning.
9. **Employment Gatepost:** Ask all questions with a red asterisk as they are written.
10. **Unearned Income Gatepost:** Review each income source individually requiring the client to answer with yes or no after each one.
11. **BC+ Tax Deductions:** Review each type of deduction individually requiring the client to answer yes or no after each one.
12. **Expenses Gatepost:** Ask all questions with a red asterisk as they are written.
13. **Medical Gatepost:** Ask all questions with a red asterisk as they are written.
14. **Tax Filing Information:** Ask all questions with a red asterisk as they are written.
15. **FS WR/ABAWD Exemption:** Ask all questions with a red asterisk as they are written.
    1. Review Work Registration and ABAWD script here.
16. Provide the client with a concise review of the summary (This means reviewing all of the information listed in the summary) and complete the telephonic signature.
17. Advise the client of the current case status and possible verifications needed.
18. Review change reporting, SMRF and renewal policy with client
19. Close with the client by asking if they have any other questions and provide SCC contact information.