

**MEDICAID DISABILITY APPLICATION ADDENDUM
Telephonic Signature**

INSTRUCTIONS: IM workers use this form to collect a telephonic signature for the Medicaid Disability Application (MADA).

IM workers must read the script below to the applicant/member. If the individual answers any of the questions with a “no” response, the worker must inform the individual that the signature process cannot continue and that without the signature the disability application cannot be completed. Then the worker repeats the question. If the individual responds “no” again, the IM worker ends the call. The telephonic signature must be recorded.

After capturing the telephonic signature, complete the signature box at the bottom of this form.

TELEPHONIC SIGNATURE SCRIPT:

I will ask you to acknowledge that you have submitted the Medicaid Disability Application (F-10112), and confirm that you want to sign this form. The disability application is used by the Disability Determination Bureau to get your medical history and other information related to your ability to perform tasks.

Do you understand that the Medicaid Disability Application that you have submitted will be used to get your medical history and other information related to your ability to perform tasks? Please state ‘yes’ or ‘no.’

By signing this form you are agreeing that you are responsible for errors and incorrect information and that if you give false information or withhold information you:

- May have to pay back benefits that you should not have gotten
- May be fined
- May be banned from the program
- May be prosecuted for fraud

Do you understand and agree with this statement? Please state ‘yes’ or ‘no.’

Do you certify, under penalty of false swearing, that all your answers on the Medicaid Disability Application are complete to the best of your knowledge? Please state ‘yes’ or ‘no.’

Do you understand that the agency may contact other people or organizations to get the necessary proof of your eligibility and level of benefits? Please state ‘yes’ or ‘no.’

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 application over the phone? Please state ‘yes’ or ‘no.’

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

IM Only:	Telephonically Signed By (first, middle, and last name):	Date Signed (MM/DD/CCYY)
	Signature Certified by IM Worker:	Worker ID: