

# Information Memorandum Transmittal Office of Self-Sufficiency Programs



Claire Seguin, SSP Deputy Director

**Authorized signature**

**Number:** SS-IM-21-005

**Issue date:** 03/15/2021

**Topic:** Cash Payments

**Due date:** 01/01/2021

**Subject:** TA-DVS Permanent rule authorizing telephonic signature

## **Applies to (check all that apply):**

- |   |   |
|---|---|
| <input type="checkbox"/> All DHS employees                                | <input type="checkbox"/> County Mental Health Directors                       |
| <input checked="" type="checkbox"/> Area Agencies on Aging: Types A and B | <input type="checkbox"/> Health Services                                      |
| <input checked="" type="checkbox"/> Aging and People with Disabilities    | <input type="checkbox"/> Office of Developmental Disabilities Services (ODDS) |
| <input checked="" type="checkbox"/> Self Sufficiency Programs             | <input type="checkbox"/> ODDS Children's Intensive In Home Services           |
| <input type="checkbox"/> County DD program managers                       | <input type="checkbox"/> Stabilization and Crisis Unit (SACU)                 |
| <input type="checkbox"/> Support Service Brokerage Directors              | <input type="checkbox"/> Other ( <i>please specify</i> ):                     |
| <input type="checkbox"/> ODDS Children's Residential Services             |   |
| <input type="checkbox"/> Child Welfare Programs                           |   |

## **Message:**

**UPDATE: TA-DVS Policy amended [OAR 461-135-1200](#) to permanently include:**

- Filing Date for TA-DVS may be established telephonically
- A survivor may apply for TA-DVS using a telephonic application
- A survivor may sign an application using a narrated telephonic signature

TA-DVS policy amended [OAR 461-135-1200](#) to:

- Provide additional options to survivors in how benefits can be accessed
- Enhance the safety of survivors accessing services
- Limit electronic trails to promote added safety

This rule applies to the Temporary Assistance for Domestic Violence Survivors program (TA-DVS).

**Remember domestic violence confidentiality when working with survivors on a recorded line. See [TA-DVS Handoff Process ETOP](#) for guidance.**

## **PROCESSES FOR TELEPHONIC APPLICATION**

**A survivor calls and requests to apply for TA-DVS telephonically:**

- Establish a telephonic filing date, as outlined in the definitions below, for TA-DVS over the phone with the survivor
  - This begins the [timeframe](#) for eligibility determination.
- Remember to follow the [TA-DVS Handoff Process](#) ETOP to ensure a TA-DVS intake appointment is scheduled during the interaction.
- Telephonic application for TA-DVS will be completed during the TA-DVS intake using data collection.

### To Capture Telephonic Signature for TA-DVS:

- Staff **MUST** follow [IBP 20-63](#) ‘Capturing Telephonic Signature for TA-DVS Applications’ until further notice.

**Important:** If the above Interim Business Process (IBP) is not followed, this will result in an incorrect denial for “Missing Verification – Application Signature”.

### Definitions:

#### Telephonic application:

- All questions on a department approved application (DHS [415F](#) pages 1-13 **or** TA-DVS data collection in ONE) are answered **verbally**
- All information necessary to determine eligibility is provided.
- The Department records the telephonic signature.

#### Narrated telephonic signature:

- The “Your Rights and Responsibilities” (DHS [415R](#)) is *reviewed and provided* to the survivor.
- The below sections of the Department approved application are reviewed and provided to the survivor:
  - “Information about all programs,” and
  - “Information about “Your Rights and Responsibilities.” (DHS [415R](#))
- The survivor affirms **verbally** that they:
  - Have heard and understand their rights and responsibilities;
  - Agree to their rights and responsibilities;
  - Have given true, correct, and complete information to the Department; and
  - States their full name as their signature.

**Reviewed and provided:**

The Department has clearly offered to play the Rights & Responsibilities to the survivor. This allows the Department to capture a telephonic signature.

If the survivor does not wish to listen to them, they must be provided physically– either via postal mail (only if safe), kept at front desk for survivor to pick up when safe, or kept in the case file available at the survivor’s request. A signature cannot be captured until the survivor has listened to the recording in full or read and signed a physical copy.

**Filing date:**

A filing date may be established **telephonically** by the Department making record of:

- (a) The name of the survivor,
- (b) The survivor’s address,
- (c) The survivor’s request for TA-DVS benefits,
- (d) The survivor stating their full name as their signature, and
- (e) The date the above occur.

*If you have any questions about this information, contact:*

Contact(s): TA-DVS Policy	
Phone:	Fax:
Email: <a href="mailto:TADVS.Policy@dhsosha.state.or.us">TADVS.Policy@dhsosha.state.or.us</a>	