

#### **PH: 3.4.8.4 Processing a Telephonic SMRF**

Telephonic SMRFs are either new or incomplete SMRFs that members can complete with a worker over the telephone. The flow follows the order of the paper and ACCESS SMRFs.

From the Case Summary page select Process Six-Month Report Form and click Next to display the Six-Month Report Form Scheduler page.

Select TELEPHONE from the SMRF Type drop-down menu.

If the member is completing an incomplete SMRF incomplete sections are indicated by check boxes on the scheduler. If the member is starting a new SMRF, the questions in all sections must be asked.

Ask the member the questions displayed on the SMRF Scheduler. The member's responses determine which pages are included in the flow. For the question "Is the signature obtained?" it is recommended to select "No" until the telephonic signature is captured. If the worker selects "Yes" this may result in the Telephonic SMRF check box not being available on the Generate Summary page.

Complete the pages in the driver flow.

**Select the Telephonic Six-Month Report Form box on the Generate Summary page to indicate the member provided a telephonic signature and read the script to the member.**

**Note** If the option is not available to check the box for "Telephonic SMRF," the worker may read the information from the graphic (below) *instead of* the full applicant/renewal summary. For the question "What would you like to do?" select "NA - Do not generate summary" in this situation.

## Generate Summary

Cancel

<b>Effective Period</b>			
Effective Date:	03/29/2022	Worker:	<input type="text"/>
<b>Summary</b>			
FoodShare/HealthCare Signature:	<input type="text" value="P - Telephonic"/>	<input checked="" type="checkbox"/> Telephonic SMRF	
* View Summary:	<input type="text" value="E - English"/> <input type="button" value="View"/>		
* What would you like to do?	<input type="text" value="NA - Do not generate summary"/>		
<b>Telephonic Signature ID</b>			
* Telephonic Signature ID:	<input type="text"/>		
In order to set your date of Six-Month Report Form, we will record the next portion of this call and keep it on file.			
<b>Signing Your Six-Month Report Form</b>			
I will now read a summary of the information you have provided and record your verbal signature. This is done to confirm what you said, and make sure you understand everything we have discussed. Please listen carefully and let me know if any of the information needs to be changed.			
<b>Completing the Signature</b>			
Do you certify that your answers are correct and complete to the best of your knowledge? Do you understand that the information provided may result in a change or end of your benefits? Do you understand that if you intentionally give incorrect information, it may result in a fine and/or imprisonment?			
Please state your full legal name, today's date and the current time.			

