

## Script for EID

Thank You for calling the Maryland Department of Health and Mental Hygiene's  
Employed Individuals Disabilities Call Center. My Name is

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What is your name?

If the person is calling for someone else:

What is your relationship with the person for who you are calling?

May I have the applicant's name please?

What is your telephone number? Do you want to give us a second phone number  
where we can reach you?

Applicants Information:

In the following replace "applicant" with "you" and "the applicant's" with "your" if  
the caller is applying for himself/herself.

May I have the applicant's phone number?

Do you want to give us a second telephone number where you can be  
reached?

What is the applicant's social security number?

What is the applicant's date of birth?

Is there another address where you want us to send the application?

If the caller wants the application to go to another address:

What is the address?

Who should we put down as the contact person at this address?

What is the telephone number for this person?

Closing Statement:

We will mail the application by the next business day. Thank You for your  
interest in the EID program.

For further questions please refer to your FAQ list.