



## State of New Jersey

DEPARTMENT OF HUMAN SERVICES  
DIVISION OF MEDICAL ASSISTANCE AND HEALTH SERVICES

P.O. Box 712  
Trenton, NJ 08625-0712

CHRIS CHRISTIE  
Governor

JENNIFER VELEZ  
Commissioner

KIM GUADAGNO  
Lt. Governor

VALERIE HARR  
Director

### MEDICAID COMMUNICATION NO. 14-03

**DATE:** March 19, 2014

**TO:** County Welfare Agencies  
Institutional Services Section offices  
Eligibility Determination Agencies

**SUBJECT:** Compliance with the National Voter Registration Act

#### **I. Purpose**

The purpose of this Medicaid Communication is to provide updated information regarding continued implementation of the National Voter Registration Act of 1993 (NVRA), reinforce the importance of providing all NJ FamilyCare (Medicaid and CHIP) applicants/recipients with an opportunity to register to vote, and review procedures for tracking compliance. The NVRA states that "all offices in the State that provide public assistance" are designated as voter registration agencies.<sup>1</sup> Under this law, county welfare agencies (CWA), DMAHS's Institutional Services Section (ISS), and any eligibility determination agency must offer the opportunity to register to vote to those individuals who present to the agency to: (1) Apply for benefits; (2) Complete a redetermination; (3) Report a change of address; or (4) Register to vote only. Each individual shall also be informed that his/her decision whether to register to vote, or not to register, will not affect the public assistance application.

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<sup>1</sup> Pursuant to Section 26 of P.L.1994, c.182 (C.19:31-6.11) 26(a) "voter registration agency" means: Any agency or office providing or administering assistance under the "New Jersey Medical Assistance and Health Services Program."

## **II. Staffing Structure**

The DMAHS and the DMAHS NVRA Liaison are responsible for: (1) Coordinating and overseeing local office compliance with the voter registration agency requirements of the NVRA; (2) Maintaining a list of agency NVRA Liaisons; (3) Tracking compliance data and monitoring as needed; (4) Serving as a liaison with the New Jersey Division of Elections (DOE) regarding NVRA compliance of local public assistance agencies;

Jana Lang is the DMAHS NVRA Liaison and can be reached by email at [Jana.Lang@dhs.state.nj.us](mailto:Jana.Lang@dhs.state.nj.us), by telephone at (609) 588-2897, (609) 588-2556 (general number), or by fax at (609) 588-3806.

## **III. Agency NVRA Liaison Operational Procedures**

Attached to this Medicaid Communication is a list of current agency NVRA Liaisons. Agency NVRA Liaisons have the following responsibilities:

1. Submit name of agency NVRA Liaison to the DMAHS NVRA Liaison whenever a new liaison is appointed;
2. Maintain a central file, by quarter, of all completed NVRA-related documentation. All NVRA records must be maintained in the central file for three years from the time they were completed;
3. Serve as the agency's liaison with the DMAHS NVRA Liaison and the DOE regarding NVRA issues;
4. Ensure that all staff receive training in NVRA implementation;
5. Provide and maintain an adequate supply of Voter Registration Applications and Voter Registration Opportunity forms.
6. Collect the completed Voter Registration Application forms from the appropriate units and mail them to DOE on a weekly basis (Note: from the 26<sup>th</sup> day prior to an election to the 21<sup>st</sup> day prior to an election, the forms must be collected and transmitted within 5 days);
7. Be aware of the voter registration deadlines in Federal, state, and local elections. Deadlines can be tracked at <http://www.state.nj.us/state/elections/election-information-archive.html> or by contacting the DOE.;
8. Ensure that signs are posted in the agency in prominent locations advising individuals of their right to register to vote at that site.

9. Record weekly statistics on the Voter Registration Opportunity Response document (form NVRA-2) and report them quarterly to the DMAHS NVRA Liaison.

#### **IV. Eligibility Worker Responsibilities**

**A. Opportunity to Vote:** Any individual who presents to the agency for an application for benefits, a redetermination, an address change, or to register to vote only shall be offered an opportunity to register to vote, and be informed that his/her decision whether to register to vote, or not to register, will not affect the public assistance application or grant amount.

**B. Assistance with Voter Forms:** Agency workers are required to offer to assist applicants with a Voter Registration Application to the same extent they would assist applicants filling out NJ FamilyCare applications. Assistance shall include examination of all completed Voter Registration Applications to determine whether all required information has been provided and that the form has been signed by the applicant. *An agency worker who assists an applicant/recipient in registering to vote **is prohibited from:** (1) Seeking to influence the individual's political preference or party affiliation; (2) Displaying any items of political preference or party allegiance; (3) Making any statement or taking any action the purpose or effect of which is to discourage the individual from registering to vote; or (4) Making any statement or taking any action the purpose or effect of which is to lead the individual to believe that a decision to register or not to register has any bearing on the availability of services or benefits.* Each agency worker should also make certain that no information relating to a declination to register to vote is used for any purpose other than voter registration. Voter registration documents should not be made part of the eligibility case file, but should be maintained in the NVRA central file.

#### **C. General Instructions:**

**1. Face to Face (in home or at the agency office)** -- An individual who presents to the office to apply for benefits, complete a redetermination, or report a change of address, and who will be seen by an eligibility worker, shall be asked: "If you are not registered to vote where you live now, would you like to apply to register to vote here today?" The individual will be asked to sign the Voter Registration Opportunity form (if he or she refuses, the worker should record that information on the form); and will be provided a Voter

Registration Application if the individual answered that the individual wishes to register to vote or if the individual did not answer. Assistance must be offered and provided, if requested. If an authorized representative applies on behalf of another person, the authorized representative will be provided with the two forms on behalf of the applicant. The same procedures apply when a worker performs the eligibility functions at the individual's home.

- 2. Take Home Application** -- An individual who presents to the office on the individual's own behalf or on behalf of another individual to apply for benefits, complete a redetermination, or report a change of address, and who wishes to complete the requested NJ FamilyCare forms at home will be given a Voter Registration Opportunity form and a Voter Registration Application as part of the application package. Additional Voter Registration Applications can be provided for other family members over 18 who may wish to register to vote.
- 3. Applications/Redeterminations/Address Changes Mailed** – NJ FamilyCare applications and redeterminations mailed to the individual will include a Voter Registration Opportunity form and a Voter Registration Application as part of the package. In cases, where the individual obtains the NJ FamilyCare application and mails it into the agency, the agency will mail the individual the Voter Registration Application and the Voter Registration Opportunity Form at the first opportunistic mailing including, but not limited to, requests for additional information or eligibility determination. If the individual mails in a change of address, a Voter Registration Application and the Voter Registration Opportunity Form will be mailed to them.
- 4. Online Application** -- An individual who applies online for NJ FamilyCare can access the Voter Registration Opportunity Form <http://www.state.nj.us/state/elections/nvra-forms/nvra-opportunity-form-081810.pdf> and the Voter Registration Application at <http://www.state.nj.us/state/elections/voting-information-voter-registration-forms.html>. These links are on the online application on the confirmation page. A phone number is provided for assistance or if the individual would like the Voter Registration Opportunity Form and the Voter Registration Application mail to them they can check the box.

- 5. By Telephone** -- An individual who completes a NJ FamilyCare application, redetermination or change of address by telephone will be offered the website to access the Voter Registration Opportunity Form at <http://www.state.nj.us/state/elections/nvra-forms/nvra-opportunity-form-081810.pdf> and the Voter Registration Application at <http://www.state.nj.us/state/elections/voting-information-voter-registration-forms.html>, or at the individual's option, will be mailed a Voter Registration Opportunity form and a Voter Registration Application by the agency. The worker will provide oral assistance completing the form, if requested, and remind the individual that face-to-face assistance is available.
- 6. Voter Registration Only** -- An individual who presents to the agency for the sole purpose of registering to vote will be provided with a Voter Registration Opportunity form to sign and will be provided a Voter Registration Application form. Assistance must be offered and provided, if requested, in completing the application. An agency shall mail the completed Voter Registration Application to the DOE.
- 7. Other Human Services Programs** -- For individuals who are completing a WFNJ/GA redetermination on GAAS and a NJ SNAP recertification on UAP with the CWA at the same time as a NJ FamilyCare application, the CWA will be required to record the individual's response in both GAAS and UAP and follow DFD procedures. The worker does not need to provide the Voter Registration Opportunity form and the Voter Registration Application again for the NJFC application. However, if the individual is **only** applying for NJ FamilyCare, the worker will follow the procedures C.1-6.

D. Individual Responses to Voter Registration Opportunity Form:

1. *If the individual responds "I Am Already Registered,"* the Voter Registration Opportunity form must be provided, the individual will be asked to sign, and the form must be retained in the agency's NVRA central file designated for NJ FamilyCare.
2. *If the individual responds "Yes,"* the Voter Registration Opportunity form must be provided, signed by the individual, and retained in the agency's NVRA central file. If requested, the worker will assist the individual in completing the Voter Registration

Application. If the individual chooses to complete the Voter Registration Application privately, the individual will be given the Voter Registration Application form and informed that the agency will mail the completed Voter Registration Application form if the individual wishes.

3. If the individual responds “No,” the Voter Registration Opportunity form must be provided, the individual will be asked to sign, and the form must be retained in the agency’s NVRA central file designated for NJ FamilyCare.

4. If the individual refuses to respond to the Voter Registration Opportunity question, the worker must indicate that the individual refused to sign by noting that on the Voter Registration Opportunity form by checking the RTS box. The Voter Registration Opportunity form must be retained in the agency’s NVRA central file designated for NJ FamilyCare. The individual should be provided with a Voter Registration Application because they did not decline in writing.

Note: Workers at out-stationed offices should follow the same procedure as the CWA office procedure.

## **V. Reporting Requirements**

DOE requires that agencies that are designated as voter registration agencies file quarterly reports with the DOE. The eligibility worker must place all Voter Registration Opportunity Forms in the agency NVRA central file designated for NJ FamilyCare. The quarterly report (NVRA-2) will be emailed to the agency liaisons quarterly. The quarterly report (NVRA-2) will tally the number of completed Voter Registration Opportunity forms (including those that refused to sign) and the responses on those forms. The quarterly report will also include the number of forms mailed. Agency NVRA Liaisons shall send their quarterly reports to Jana Lang at [Jana.Lang@dhs.state.nj.us](mailto:Jana.Lang@dhs.state.nj.us), telephone (609) 588-2897, and fax (609) 588-3806, the first week after the quarter ends.

## **VI. Supplies**

Voter Opportunity Forms, Voter Registration Application forms promotional materials/signs, and additional NVRA instructions are provided to the agencies by the DOE on a regular basis and are available online at <http://www.state.nj.us/state/elections/election-information-nvra.html> and <http://www.state.nj.us/state/elections/nvra-forms/nvra-opportunity-form->

[081810.pdf](#) or upon request. (To print the two-sided Voter Registration Application as a double-sided document, go to “File,” select “Print,” click on properties, under the finishing tab there is an area labeled “Document options,” check the box marked “Print on Both Sides.”); To request additional supplies, the Agency NVRA Liaison should fill out the DOE Supply Request Form (attached) and fax it to the DOE at (609) 777-1280.

## **VII. FORMS:**

1. Listed below and attached for agency use are the DMAHS forms associated with NVRA:

**NVRA-1 - The Agency NVRA Contact Information form** is electronically submitted to DMAHS by the CWA/MWA/ISS to identify a newly appointed CWA/MWA/ISS NVRA Liaison.

**NVRA-2 - Quarterly Voter Registration Opportunities Response form** is completed by the CWA/ISS NVRA Liaison responsible for reporting to the DMAHS NVRA Liaison.

<http://www.state.nj.us/state/elections/election-information-nvra.html>

2. The following Division of Elections forms are attached:

**Voter Registration Opportunity form**-presented to each individual for the individual to indicate that he or she was asked if he or she would like to register to vote and to record the response.

<http://www.state.nj.us/state/elections/election-information-nvra.html>

**Voter Registration Application**-completed by any individual who wishes to register to vote. Available in English, Spanish, Korean, Gujarati, simplified Chinese and traditional Chinese at the DOE website.

<http://www.state.nj.us/state/elections/voting-information-voter-registration-forms.html>

**DOE Supply Request Form**- is completed by the CWA/MWA/ISS to request additional supplies from the DOE.

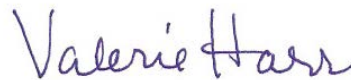
<http://www.state.nj.us/state/elections/election-information-nvra.html>

## VIII. TRAINING

New workers, including those newly assigned to work or positions that include NVRA-related responsibilities shall be required to attend new worker training no later than one month after their start date. Existing workers are required to complete NVRA training at least once every two years after the initial completion. Existing workers must complete updated training to familiarize staff with this instruction by June 30, 2014.

Please bring this information to the attention of appropriate staff. If you have any questions regarding this Medicaid Communication, please refer them to the Division's Office of Eligibility Policy field service staff for your agency at 609-588-2556.

Sincerely,



Valerie Harr  
Director

VH:l

c: Jennifer Velez, Commissioner  
Department of Human Services

Dawn Apgar, Deputy Commissioner  
Division of Developmental Disabilities

Lowell Arye, Deputy Commissioner  
Aging and Community Services

Lynn Kovich, Assistant Commissioner  
Division of Mental Health and Addiction Services

Joseph Amoroso, Director  
Division of Disability Services

Jeanette Page-Hawkins, Director  
Division of Family Development

Allison Blake, Commissioner  
Department of Children and Families

Mary E. O'Dowd, Commissioner  
Department of Health

Amy Keys Shaw, Assistant Director  
Division of Family Development



## NVRA - CWA Liaison List

|   |  |
|---|--|
| <p><b>ATLANTIC</b> – Sharon Kelly<br/> <a href="mailto:kelly_sharon@aclink.org">kelly_sharon@aclink.org</a><br/>         609-343-2346<br/>         Fax 609-343-2352</p>   | <p><b>MONMOUTH</b> - Cheryl Gagliardi<br/> <a href="mailto:cgagliar@oel.state.nj.us">cgagliar@oel.state.nj.us</a><br/>         732-431-6286<br/>         Fax 732-866-3554</p>                            |
| <p><b>BERGEN</b> – Samantha Loines<br/> <a href="mailto:ayacoub@bcbss.com">ayacoub@bcbss.com</a><br/>         201-368-4281<br/>         Fax 201-368-6599</p>  | <p><b>MORRIS</b> – Karen Remus<br/> <a href="mailto:kremus@co.morris.nj.us">kremus@co.morris.nj.us</a><br/>         973-326-7861<br/>         FAX 973-829-8531</p>                                       |
| <p><b>BURLINGTON</b> – Michael Obal<br/> <a href="mailto:michael.obal@bcbss.org">michael.obal@bcbss.org</a><br/>         609-518-4825 609-518-4703<br/>         Fax 609-261-0463</p>  | <p><b>OCEAN</b> – Carmen Lydia Diaz<br/> <a href="mailto:cdiaz@oel.state.nj.us">cdiaz@oel.state.nj.us</a><br/>         732-349-1500 ext. 4970<br/>         FAX 732-244-5689</p>                          |
| <p><b>CAMDEN</b> – Christine Hentisz<br/> <a href="mailto:christine.hentisz@camdenbss.org">christine.hentisz@camdenbss.org</a><br/>         (856)225-8841<br/>         FAX <b>856-225-8853</b></p>  | <p><b>PASSAIC</b> – Gardina McElveen<br/>         Doesn't have e-mail –will fax<br/>         973-881-0100 ext. 3395<br/>         FAX 973-881-3232</p>  |
| <p><b>CAPE MAY</b> – Lisa Douglass<br/> <a href="mailto:lisdouglass@cmcbss.com">lisdouglass@cmcbss.com</a><br/>         P 609-886-6200 X 320<br/>         F 609-889-9332</p>  | <p><b>SALEM</b> – Rebecca A. Heritage<br/> <a href="mailto:bheritage@xbp.state.nj.us">bheritage@xbp.state.nj.us</a><br/>         856-895-0981<br/>         FAX 856-299-3245</p>                          |
| <p><b>CUMBERLAND</b> – Irieda (Betty) Rodriguez<br/> <a href="mailto:irrodri@xbp.dhs.state.nj.us">irrodri@xbp.dhs.state.nj.us</a><br/>         856-691-4600 x 430<br/>         FAX <b>856-563-1781</b></p>  | <p><b>SOMERSET</b> – Shelly Knight<br/> <a href="mailto:sknight@co.somerset.nj.us">sknight@co.somerset.nj.us</a><br/>         908-203-5113<br/>         Fax 908-526-8096</p>                             |
| <p><b>ESSEX</b> – Hancey Davis<br/> <a href="mailto:hdavis@oel.state.nj.us">hdavis@oel.state.nj.us</a><br/>         973-733-2477<br/>         FAX 973-643-3980</p>  | <p><b>SUSSEX</b> – Catherine M. DiLapi<br/> <a href="mailto:cmdilapi@xbp.dhs.state.nj.us">cmdilapi@xbp.dhs.state.nj.us</a><br/>         973-383-3600 ext.5126<br/>         FAX 973-383-3627</p>          |
| <p><b>GLOUCESTER</b> – Trisha Brattelli<br/> <a href="mailto:tbrattelli@co.gloucester.nj.us">tbrattelli@co.gloucester.nj.us</a><br/>         856-256-2245<br/>         FAX 856-582-6587</p>   | <p><b>UNION</b> – Rhoda Mandel<br/> <a href="mailto:rmandel@xbp.dhs.state.nj.us">rmandel@xbp.dhs.state.nj.us</a><br/>         908-965-2781<br/>         Fax 908-965-3836 (Director Only) Ms. McClean</p> |
| <p><b>HUDSON</b>- Robert Knapp<br/> <a href="mailto:rknapp@oel.state.nj.us">rknapp@oel.state.nj.us</a><br/>         201-420-3000 ext. 5627<br/>         FAX 201-395-4624</p>  | <p><b>WARREN</b> – Deborah Burd<br/> <a href="mailto:dburd@oel.state.nj.us">dburd@oel.state.nj.us</a><br/>         908-475-6305<br/>         FAX 908-475-1533</p>  |
| <p><b>HUNTERDON</b> – Faye Carling<br/> <a href="mailto:fcarling@co.hunterdon.nj.us">fcarling@co.hunterdon.nj.us</a><br/>         908-788-1300<br/>         FAX 908-806-4588</p>  |  |
| <p><b>MERCER</b> – Antoinette Scott<br/> <a href="mailto:ascott@xbp.dhs.state.nj.us">ascott@xbp.dhs.state.nj.us</a><br/>         609-989-4307<br/>         FAX <b>609-394-6638</b></p>  |  |
| <p><b>MIDDLESEX</b> – Linda Hiller, Chief Clerk<br/>         (Emily Albarran, Supv. Clerk)<br/> <a href="mailto:lhiller@xbp.dhs.state.nj.us">lhiller@xbp.dhs.state.nj.us</a><br/>         732-745-3532<br/>         732-745-7244 (Emily)<br/>         Fax -732-393-7243</p> |  |

**Agency NVRA Contact Information**

**Agency NVRA Liaison and contact information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Completed forms must be electronically submitted to the DFD NVRA Liaison at [Jana.Lang@dhs.state.nj.us](mailto:Jana.Lang@dhs.state.nj.us) whenever a new liaison is appointed.



State of New Jersey  
Department of State



NJ Division  
of Elections

# NVRA Voter Registration & Supplies Request Form

To: NJ Division of Elections  
PO Box 304  
Trenton, NJ 08625-0304

From: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Subject:** Request for NJ Voter Registration and NVRA Forms:

Please provide the following to me at the above delivery address:

NJ Voter Registration Form - Quantity: \_\_\_\_\_

NVRA Voter Opportunity Forms - Quantity: \_\_\_\_\_

NVRA Voter Registration Opportunity Posters - Quantity: \_\_\_\_\_

Fax or Mail to:

**NJ Division of Elections**  
PO Box 304  
Trenton, NJ 08625-0304  
Tele: (609) 292-3760  
Fax: (609) 777-1280

This confirms that the above noted supplies have been forwarded to you as requested.

NJ Division of Elections \_\_\_\_\_

Date \_\_\_\_\_

For NJ Division of Elections Use Only



State of New Jersey  
Department of State

# Voter Registration Opportunity

The National Voter Registration Act of 1993 requires the State to provide you with the opportunity to register to vote as an additional service offered by this office. Please complete the form below to advise the agent of your interest to register or not to register to vote at this time.

**Applying to register or declining to register to vote will not effect the amount of assistance that you will be provided by this agency.**

If you decline to register to vote at this time, your decision will remain confidential and will be used only for voter registration purposes. If you do register to vote, the way in which you do so will remain confidential and will be used only for voter registration purposes.

You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are NOT currently serving a sentence, probation or parole because of a felony conviction

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with:

NJ Division of Elections  
225 West State Street, 3rd Floor  
P.O. Box 304  
Trenton, NJ 08625-0304

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.



If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- Yes                       No                       I am already registered

IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Print Name

Signature

Date

NJ Division of Elections  
225 West State Street, 3rd Floor  
P.O. Box 304

Trenton, NJ 08625-0304  
Phone: (609) 292-3760 Fax: (609) 777-1280

|                              |
|------------------------------|
| For Official Use             |
| RTS <input type="checkbox"/> |
| _____ Initial                |

*This form will also be available on the Division of Elections website, [www.NJElections.org](http://www.NJElections.org)*

NJDOE-IV-10/2/09



Estado de Nueva Jersey  
 Secretaría del Estado  
 División de Elecciones

## Oportunidad de Registro de Votantes

El Acta Nacional de Registro de Votantes de 1993 requiere que el Estado le dé la oportunidad de registrarse para votar como un servicio adicional ofrecido por esta oficina. Por favor complete el formulario siguiente para notificarle al agente si tiene interés o no de registrarse para votar en este momento.

**Solicitar el registro o negarse a registrarse para votar no afectará la cantidad de asistencia que le suministre esta agencia.**

Si se niega a registrarse para votar en este momento, su decisión será confidencial y se usará sólo para fines del registro de votantes. Si se registra para votar, la forma en que lo haga será confidencial y será usada sólo para fines del registro de votantes.

Usted se puede registrar para votar en los siguientes casos:

- Es ciudadano(a) de Estados Unidos.
- Tendrá los 18 años cumplidos a más tardar en la fecha de las próximas elecciones.
- Será residente del Estado y el condado 30 días antes de las elecciones.
- NO está cumpliendo actualmente ninguna condena, libertad condicional ni libertad bajo fianza debido a una sentencia.

Si usted considera que alguien ha interferido con su derecho a registrarse o no registrarse para votar, su derecho a la privacidad al decidir si debe registrarse o no, o al solicitar el registro de votación, o su derecho a elegir su propio partido político u otra preferencia política, puede presentar una queja en:

### NJ Division of Elections

**Mailing Address:**  
 P.O. Box 304  
 Trenton, NJ 08625-0304

**Office Location**  
 225 West State Street, 5th Floor  
 Trenton, NJ 08608

Tel: 609-292-3760 Fax: 609-777-1280  
 TTY: 1-800-292-0034  
**Elections.NJ.gov**

Si desea ayuda para llenar el formulario de solicitud de registro de votantes, con gusto le ayudaremos. La decisión de buscar o aceptar ayuda es suya. Usted puede completar el formulario de solicitud en privado.

Si no está registrado(a) para votar en donde vive actualmente, ¿le gustaría solicitar el registro de votación aquí y ahora?

- SI                       No                       Ya estoy inscrito

SI NO MARCA UNA OPCIÓN, SE CONSIDERARÁ QUE DECIDIÓ NO REGISTRARSE PARA VOTAR EN ESTE MOMENTO.

Nombre en letra de molde

Firma

Fecha



# New Jersey Voter Registration Application

33

Please print clearly in ink. All information is required unless marked optional.

|  |  |   |  |                        |                |  |
|--|--|---|--|------------------------|----------------|--|
| <b>1</b> Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Address Change <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change <input type="checkbox"/> Name Change <input type="checkbox"/> Signature Update |  |   |  |                        |                | <b>FOR OFFICIAL USE ONLY</b><br>Clerk<br>Registration #<br>Office Time Stamp<br><br><br><br><br><br><br><br><br><br><input type="checkbox"/> by mail<br><input type="checkbox"/> in person |
| <b>2</b> Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)   |  |   | Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, DO NOT complete this form)                |                        |                |  |
| <b>3</b> Last Name   |  | First Name  | Middle Name or Initial   | Suffix (Jr., Sr., III) |                |  |
| <b>4</b> Date of Birth   |  |   |  |                        |                |  |
| <b>5</b> NJ Driver's License Number or MVC Non-driver ID Number<br><input type="checkbox"/> "I swear or affirm that I DO NOT have a NJ Driver's License, MVC Non-driver ID or a Social Security Number."   |  |   | if you DO NOT have a NJ Driver's License or MVC Non-Driver ID, provide the last 4 digits of your Social Security Number. _____                               |                        |                |  |
| <b>6</b> Home Address (DO NOT use PO Box)  |  | Apt.  | Municipality   | County                 | State Zip Code |  |
| <b>7</b> Mailing Address if different from above   |  | Apt.  | Municipality   | County                 | State Zip Code |  |
| <b>8</b> Last Address Registered to Vote (DO NOT use PO Box)   |  | Apt.  | Municipality   | County                 | State Zip Code |  |
| <b>9</b> Former Name if Making Name Change   |  | a. Day Phone Number (Optional) _____<br>b. E-Mail Address (Optional) _____  |  |                        |                |  |
| <b>10</b> Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____<br>(Optional) <input type="checkbox"/> No, I do not wish to be affiliated with any political party.  |  |   |  |                        |                |  |
| <b>11</b> Gender<br><input type="checkbox"/> Female<br><input type="checkbox"/> Male   |  | <b>Declaration - I swear or affirm that:</b><br><input type="checkbox"/> I am a U.S. Citizen<br><input type="checkbox"/> I live at the above address<br><input type="checkbox"/> I will be at least 18 years old on or before the next election<br><input type="checkbox"/> I will have resided in the State and county at least 30 days before the next election<br><input type="checkbox"/> I am not on parole, probation or serving a sentence due to a conviction for an indictable offense under any federal or state laws<br><input type="checkbox"/> I understand that any false or fraudulent registration may subject me to a fine of up to \$15,000, imprisonment up to 5 years, or both pursuant to R.S. 19:34-1 |  |                        |                |  |
| Signature: Sign or mark and date on lines below<br><br>X _____ Date _____  |  |   | If applicant is unable to complete this form, print the name and address of individual who completed this form.<br>Name _____<br>Date _____<br>Address _____ |                        |                |  |

### Important Instructions for sections 5, 6 and 10

5) Registrants who are submitting this form by mail and are registering to vote for the first time: If you do not have any of the information required by section 5, or the information you provide cannot be verified, you will be asked to provide a COPY of a current and valid photo ID, or a document with your name and current address on it to avoid having to provide identification at the polling place.

**Note:** ID Numbers are Confidential and will not be released by any governmental agency. Any person who uses such numbers illegally shall be subject to criminal penalties.

6) If you are homeless, you may complete section 6 by providing a contact point or the location where you spend most of your time.

10) You may declare a political affiliation or you may declare to be unaffiliated, regardless of any prior party affiliation. Completing section 10 is OPTIONAL and will not affect the acceptance of your voter registration application.

### Need More Information? Check boxes below if you would like to receive more information about:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> voting by mail         | <input type="checkbox"/> polling place accessibility                                  | <input type="checkbox"/> available election materials in this alternative language: |
| <input type="checkbox"/> becoming a poll worker | <input type="checkbox"/> voting if you have a disability, including visual impairment |   |

For further information visit [Elections.NJ.gov](http://Elections.NJ.gov) or call toll-free 1-877-NJVOTER (1-877-658-6837)

NJ Division of Elections - 6/14/12



# New Jersey Voter Registration Information

## You can register to vote if:

- You are a United States citizen
- You will be 18 years of age by the next election
- You will be a resident of the State and county 30 days before the election
- You are NOT currently serving a sentence, probation or parole because of a felony conviction

## Registration Deadline: 21 days before an election

Your County Commissioner of Registration will notify you if your application is accepted.  
If it is not accepted, you will be notified on how to complete and/or correct the application.

**Questions?** visit [www.NJElections.org](http://www.NJElections.org) or call toll-free 1-877-NJVOTER (1-877-658-6837)

FOLD



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IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 206 TRENTON NJ

POSTAGE WILL BE PAID BY ADDRESSEE

DIVISION OF ELECTIONS  
PO BOX 304  
TRENTON NJ 08625-9983



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**Important:** Print out at 100% - DO NOT REDUCE. Fold as illustrated to ensure proper mailing.



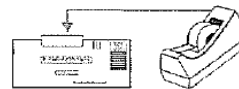
Put both pages  
together as shown



fold top down



fold bottom up



Tape top shut

TAPE HERE



Nueva Jersey

33

# Solicitud de Inscripción de Votantes

Escriba claramente con tinta. Se requiere toda la información a menos que esté marcada como opcional.

|   |  |  |   |  |        |  |                              |
|---|--|--|---|--|--------|--|------------------------------|
| 1 Marque las casillas que correspondan: <input type="checkbox"/> Nueva inscripción <input type="checkbox"/> Cambio de dirección <input type="checkbox"/> Afiliación a partido político <input type="checkbox"/> Cambio de nombre <input type="checkbox"/> Actualización de la firma <input type="checkbox"/> o Cambio de sin afiliación |  |  |   |  |        | <b>Sólo para uso oficial</b>   |                              |
| 2 ¿Es ciudadano estadounidense? <input type="checkbox"/> Sí <input type="checkbox"/> No (Si no lo es, NO complete este formulario)  |  |  | ¿Tendrá 18 años de edad para la próxima elección? <input type="checkbox"/> Sí <input type="checkbox"/> No (Si no es así, NO complete este formulario) |  |        |  | Secretario                   |
| 3 Apellido  |  | Primer Nombre  | Segundo nombre o Inicial  | Sufijo (Jr., Sr., III)   |        |  | Núm. de inscripción          |
| 4 Fecha de nacimiento (Mes/Día/Año)   |  |  |   |  |        |  | Timbre de hora de la oficina |
| 5 Número de licencia de conducir de NJ o Número de identificación de MVC de no conductor  |  |  | Si NO tiene una Licencia de conducir de NJ o Identificación de MVC de no conductor, indique los últimos 4 dígitos de su Número de Seguro Social.      |  |        |  |                              |
| <input type="checkbox"/> *Juro o afirmo que NO tengo una Licencia de conducir de NJ, Identificación de MVC como no conductor ni Número de Seguro Social.*   |  |  |   |  |        |  |                              |
| 6 Dirección del domicilio (NO use apartados postales)   |  | Apt.   | Municipalidad   | Condado  | Estado | Código postal  |                              |
| 7 Dirección postal si es diferente de la anterior   |  | Apt.   | Municipalidad   | Condado  | Estado | Código postal  |                              |
| 8 Última dirección registrada para votar (NO use apartados postales)  |  | Apt.   | Municipalidad   | Condado  | Estado | Código postal  |                              |
|   |  |  |   |  |        | <input type="checkbox"/> por correo<br><input type="checkbox"/> en persona   |                              |
| 9 Nombre anterior si hace un cambio de nombre   |  |  | a. Teléfono durante el día (opcional) _____   |  |        |  |                              |
|   |  |  | b. Dirección electrónica (opcional) _____   |  |        |  |                              |
| 10 ¿Desea declarar una afiliación a un partido político? (Opcional)   |  |  | <input type="checkbox"/> Sí, el nombre del partido es _____   |  |        |  |                              |
|   |  |  | <input type="checkbox"/> No, no deseo afiliarme a ningún partido político.  |  |        |  |                              |
| 11 Sexo   |  | Declaración - Juro y afirmo que:   |   | ● Habré residido en el Estado y condado al menos 30 días antes de la próxima elección  |        | ● Entiendo que cualquier inscripción falsa o fraudulenta puede someterme a una multa de hasta \$15,000, pena de cárcel hasta 5 años o las dos cosas, conforme a R.S. 19:34-1 |                              |
| <input type="checkbox"/> Femenino<br><input type="checkbox"/> Masculino   |  | ● Soy ciudadano de los Estados Unidos<br>● Vivo en la dirección indicada<br>● Tendré por lo menos 18 años de edad para la próxima elección o antes |   | ● No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal    |        |  |                              |
| Firma: Firme o marque y fecha en la líneas a continuación   |  |  |   | Si el solicitante no puede completar este formulario, escriba el nombre y la dirección de la persona que completó este formulario. |        |  |                              |
| X _____ Fecha _____   |  |  |   | Nombre _____<br>Fecha _____<br>Dirección _____   |        |  |                              |

## Instrucciones importantes para las secciones 5, 6 y 10

5) A los votantes que presenten este formulario por correo y se inscriban para votar por primera vez: Si no tiene ninguna de la información requerida en la sección 5, o si no puede verificarse la información que indique, se le pedirá presentar una COPIA de una identificación actual con fotografía o un documento con su nombre y dirección actual incluida, para evitar tener que presentar identificación en la sede de votación.

**Nota:** Los Números de identificación son confidenciales y no los comunicará ninguna entidad gubernamental. Cualquier persona que use dichos números ilegalmente quedará sujeta a sanciones penales.

6) Si usted no tiene domicilio fijo, puede completar la sección 6 dando un punto de contacto o la ubicación donde pasa la mayor parte del tiempo.

10) Puede declarar una afiliación política o puede declarar no estar afiliado, sin importar ninguna afiliación anterior a un partido. Es OPCIONAL completar la sección 10 y no afectará la aceptación de su solicitud de inscripción de votante.

¿Necesita más información? Marque las casillas a continuación si desea recibir más información acerca de:

- votar por correo
- accesibilidad del lugar de votación
- materiales electorales disponibles en este otro idioma:
- trabajar en los lugares de votación
- votar si tiene alguna discapacidad, incluyendo problemas de visión

Para obtener más información visite [www.NJElections.org](http://www.NJElections.org) o llame a la línea gratis 1-877-NJVOTER (1-877-658-6837)

nj00a-iv-2/1/11





# Nueva Jersey Información de Inscripción de Votantes

## Usted puede inscribirse para votar si:

- Es ciudadano de los Estados Unidos.
- Va a tener 18 años de edad para la próxima elección.
- Va a ser residente del Estado y del condado 30 días antes de la elección.
- NO está actualmente cumpliendo una condena, bajo fianza ni ha sido condenado por un delito mayor.

## Plazo de inscripción: 21 días antes de una elección

El Comisionado del Condado de Inscripción le notificará si se acepta su solicitud.  
Si no se acepta, se le notificará cómo completarla y/o corregirla.

¿Tiene alguna pregunta? Visite [www.NJElections.org](http://www.NJElections.org) o llame a la línea gratis 1-877-NJVOTER (1-877-658-6837)

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TRENTON NJ 08625-9983



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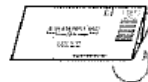
**Importante:** Impresión hacia fuera en 100% - NO REDUCIR. Doblar según lo ilustrado para asegurar el correo apropiado.



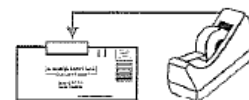
Poner ambas páginas  
junto como se muestra



fold top down



fold bottom up



Tape top shut

INVERTIR

# 2014 Voter Registration Opportunity Response

NVRA-2

|                         |                   |
|-------------------------|-------------------|
| 1 <sup>st</sup> Quarter |                   |
| From:                   | December 30, 2013 |
| To:                     | March 28, 2014    |

Agency: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

| Week Ending       | Number of Total Opportunities | Yes | No | Already Registered | Mailed NVRA Forms | Refusal (Did not Return) |
|-------------------|-------------------------------|-----|----|--------------------|-------------------|--------------------------|
| January 3, 2014   |                               |     |    |                    |                   |                          |
| January 10, 2014  |                               |     |    |                    |                   |                          |
| January 17, 2014  |                               |     |    |                    |                   |                          |
| January 24, 2014  |                               |     |    |                    |                   |                          |
| January 31, 2014  |                               |     |    |                    |                   |                          |
| February 7, 2014  |                               |     |    |                    |                   |                          |
| February 14, 2014 |                               |     |    |                    |                   |                          |
| February 21, 2014 |                               |     |    |                    |                   |                          |
| February 28, 2014 |                               |     |    |                    |                   |                          |
| March 7, 2014     |                               |     |    |                    |                   |                          |
| March 14, 2014    |                               |     |    |                    |                   |                          |
| March 21, 2014    |                               |     |    |                    |                   |                          |
| March 28, 2014    |                               |     |    |                    |                   |                          |
| <b>Total</b>      |                               |     |    |                    |                   |                          |

Submit 1<sup>st</sup> Quarter Report during the 1<sup>st</sup> week of April 2014 to:

Email: [Jana.Lang@dhs.state.nj.us](mailto:Jana.Lang@dhs.state.nj.us) Fax: 609-588-3806

Note: Retain copy of this report in your office files with copies of response form.

