



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.¹ 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.

¹ 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, 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 26th day prior to an election to the 21st 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, 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:I

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>ATLANTIC – Sharon Kelly kelly_sharon@aclink.org 609-343-2346 Fax 609-343-2352</p>	<p>MONMOUTH - Cheryl Gagliardi cgagliar@oel.state.nj.us 732-431-6286 Fax 732-866-3554</p>
<p>BERGEN – Samantha Loines ayacoub@bcbs.com 201-368-4281 Fax 201-368-6599</p>	<p>MORRIS – Karen Remus kremus@co.morris.nj.us 973-326-7861 FAX 973-829-8531</p>
<p>BURLINGTON – Michael Obal michael.obal@bcbs.org 609-518-4825 609-518-4703 Fax 609-261-0463</p>	<p>OCEAN – Carmen Lydia Diaz cdiaz@oel.state.nj.us 732-349-1500 ext. 4970 FAX 732-244-5689</p>
<p>CAMDEN – Christine Hentisz Christine.hentisz@camdenbss.org (856)225-8841 FAX 856-225-8853</p>	<p>PASSAIC – Gardina McElveen Doesn't have e-mail –will fax 973-881-0100 ext. 3395 FAX 973-881-3232</p>
<p>CAPE MAY – Lisa Douglass lisadouglass@cmcbss.com P 609-886-6200 X 320 F 609-889-9332</p>	<p>SALEM – Rebecca A. Heritage rheritage@xbp.state.nj.us 856-895-0981 FAX 856-299-3245</p>
<p>CUMBERLAND – Irieda (Betty) Rodriguez irrodig@xbp.dhs.state.nj.us 856-691-4600 x 430 FAX 856-563-1781</p>	<p>SOMERSET – Shelly Knight SKnight@co.somerset.nj.us 908-203-5113 Fax 908-526-8096</p>
<p>ESSEX – Hancey Davis hdavis@oel.state.nj.us 973-733-2477 FAX 973-643-3980</p>	<p>SUSSEX – Catherine M. DiLapi cmdilapi@xbp.dhs.state.nj.us 973-383-3600 ext.5126 FAX 973-383-3627</p>
<p>GLOUCESTER – Trisha Brattelli tbrattelli@co.gloucester.nj.us 856-256-2245 FAX 856-582-6587</p>	<p>UNION – Rhoda Mandel rmandel@xbp.dhs.state.nj.us 908-965-2781 Fax 908-965-3836 (Director Only) Ms. McClean</p>
<p>HUDSON- Robert Knapp rknapp@oel.state.nj.us 201-420-3000 ext. 5627 FAX 201-395-4624</p>	<p>WARREN – Deborah Burd dburd@oel.state.nj.us 908-475-6305 FAX 908-475-1533</p>
<p>HUNTERDON – Faye Carling fcarling@co.hunterdon.nj.us 908-788-1300 FAX 908-806-4588</p>	
<p>MERCER – Antoinette Scott ascott@xbp.dhs.state.nj.us 609-989-4307 FAX 609-394-6638</p>	
<p>MIDDLESEX – Linda Hiller, Chief Clerk (Emily Albarran, Supv. Clerk) lhiller@xbp.dhs.state.nj.us 732-745-3532 732-745-7244 (Emily) 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 **DMAHS NVRA Liaison**, Jana Lang by telephone at (609) 588-2897 or email at Jana.Lang@dhs.state.nj.us and the **DFD NVRA Liaison**, Terri Hughes by telephone at (609) 588-2176, by fax (609)631-45414, or email at Terri.Hughes@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
Division of Elections

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 affect 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: the 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; telephone 609-292-3760, fax number 609-777-1280, TTY 1-800-292-0034, Elections.NJ.gov.

If you would like help in filling out the voter registration application form, we will help you. You can call NJ FamilyCare at 1-800-356-1561. The decision whether to seek or accept help is yours. You may fill out the application form in private.

This section can be returned to NJ FamilyCare at: NVRA Liaison, PO 712, Trenton, NJ 08625-0712

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 _____

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



Estado de Nueva Jersey
Secretaría del Estado
Division 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, (dirección postal) P.O. Box 304, Trenton, NJ 08625-0304; (ubicación de la oficina) 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. Puede llamar a NJ FamilyCare al 1-800-356-1561. La decisión de buscar o aceptar ayuda es suya. Usted puede completar el formulario de solicitud en privado.

Puede enviar esta sección a NJ FamilyCare a: **NVRA Liaison, PO 712, Trenton, NJ 08625-0712**

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

- Sí 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

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



New Jersey Voter Registration Application

33

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

1 Check boxes that apply: <input type="checkbox"/> New Registration <input type="checkbox"/> Name Change <input type="checkbox"/> Address Change <input type="checkbox"/> Signature Update <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change						FOR OFFICIAL USE ONLY		
2 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)					Clerk	
3 Last Name		First Name	Middle Name or Initial	Suffix (Jr., Sr., III)			Registration #	
4 Date of Birth							Office Time Stamp	
5 NJ Driver's License Number or MVC Non-driver ID 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.					
<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."							<input type="checkbox"/> by mail <input type="checkbox"/> in person	
6 Home Address (DO NOT use PO Box)		Apt.	Municipality	County	State			Zip Code
7 Mailing Address if different from above		Apt.	Municipality	County	State			Zip Code
8 Last Address Registered to Vote (DO NOT use PO Box)		Apt.	Municipality	County	State		Zip Code	
9 Former Name if Making Name Change			a. Day Phone Number (Optional)				b. E-Mail Address (Optional)	
10 Do you wish to declare a political party affiliation? <input type="checkbox"/> Yes, the party name is _____ <input type="checkbox"/> No, I do not wish to be affiliated with any political party. (Optional)								
11 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Declaration - I swear or affirm that: <input checked="" type="checkbox"/> I am a U.S. Citizen <input checked="" type="checkbox"/> I live at the above address <input checked="" type="checkbox"/> I will be at least 18 years old on or before the next election		<input checked="" type="checkbox"/> I will have resided in the State and county at least 30 days before the next election <input checked="" 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		<input checked="" 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 X _____ Date _____				If applicant is unable to complete this form, print the name and address of individual who completed this form. Name _____ Date _____ 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 or call toll-free 1-877-NJVOTER (1-877-658-6837)



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 or call toll-free 1-877-NJVOTER (1-877-658-6837)

FOLD



NO POSTAGE
NECESSARY
IF MAILED
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



FOLD

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



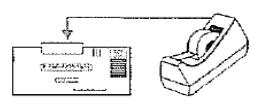
Put both pages together as shown



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"/> Cambio de sin afiliación						Sólo para uso oficial	
2 ¿Es ciudadano estadounidense? <input type="checkbox"/> Sí <input type="checkbox"/> No <i>(Si no lo es, NO complete este formulario)</i>		2 ¿Tendrá 18 años de edad para la próxima elección? <input type="checkbox"/> Sí <input type="checkbox"/> No <i>(Si no es así, NO complete este formulario)</i>					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"/> por correo <input type="checkbox"/> en persona	
<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	
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	<input type="checkbox"/> Femenino <input type="checkbox"/> Masculino	Declaración - Juro y afirmo que:	<input type="checkbox"/> Soy ciudadano de los Estados Unidos <input type="checkbox"/> Vivo en la dirección indicada <input type="checkbox"/> Tendré por lo menos 18 años de edad para la próxima elección o antes	<input type="checkbox"/> Habré residido en el Estado y condado al menos 30 días antes de la próxima elección <input type="checkbox"/> No estoy bajo fianza ni cumpliendo una sentencia debido a una condena por un delito penado por ninguna ley federal ni estatal	<input type="checkbox"/> 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		
Firma: Firme o marque y fecha en la líneas a continuación X _____ Fecha _____			Si el solicitante no puede completar este formulario, escriba el nombre y la dirección de la persona que completó este formulario. Nombre _____ Fecha _____ 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 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

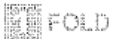
Usted puede inscribirse para votar si:

- 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 o llame a la línea gratis 1-877-NJVOTER (1-877-658-6837)



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES

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

POSTAGE WILL BE PAID BY ADDRESSEE

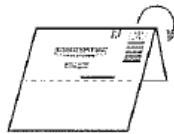
DIVISION OF ELECTIONS
PO BOX 304
TRENTON NJ 08625-9983



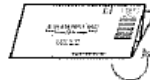
Importante: Impresión hacia fuera en 100% - NO REDUCIR. Doblar según lo ilustrado para asegurar el correo apropiado.



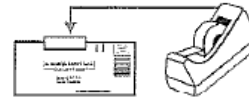
Poner ambas páginas
junto como se muestra



fold top down



fold bottom up



Tape top shut

INVOYLNIO

2014 Voter Registration Opportunity Response

NVRA-2

1st 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						
Total						

Submit 1st Quarter Report during the 1st week of April 2014 to:

Email: 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.





P.O. Box 4818, Trenton, NJ 08650

Dear Sir or Madam,

In response to your request or due to a reported change of address, enclosed please find a Voter Registration Opportunity form and a Voter Registration Application. The Voter Registration Opportunity form contains information about registering to vote. The Voter Registration Application can be folded and mailed to the Division of Elections after you complete the information requested on the Application. If you need assistance with the Voter Registration Application, you can call NJ FamilyCare at 1-800-356-1561 (TTY: 1-800-701-0720).

The Voter Registration Application is available in Spanish, and other languages, on the Division of Elections website at <http://www.state.nj.us/state/elections/voting-information.html>.

Sincerely,

NJ FamilyCare



P.O. Box 4818, Trenton, NJ 08650

Estimado señor o señora,

En respuesta a su solicitud, sírvase encontrar adjunto un Formulario de Oportunidad de Inscripción de Votante, y una Solicitud de Inscripción de Votante. El Formulario de Oportunidad de Inscripción de Votante contiene información sobre la inscripción para votar. La Solicitud de Inscripción de Votante, puede doblarse y enviarse por correo a la División de Elecciones después que complete la información que se pide en la solicitud. Si necesita ayuda con la Solicitud de Inscripción de Votante, puede llamar a NJ FamilyCare al 1-800-356-1561 (TTY: 1-800-701-0720).

La Solicitud de Inscripción de Votante está disponible en español, y en otros idiomas, en el sitio web de la División de Elecciones en <http://www.state.nj.us/state/elections/voting-information.html>.

Atentamente,

NJ FamilyCare