

National Voter Registration Act (NVRA)



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"/> Address Change | <input type="checkbox"/> Political Party Affiliation or Non-affiliation Change | FOR OFFICIAL USE ONLY |
| | | | | <input type="checkbox"/> Name Change | <input type="checkbox"/> Signature Update | | |
| 2 Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, DO NOT complete this form)</i> | | | | Will you be 18 years of age by the next election? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If No, DO NOT complete this form)</i> | | | Clerk |
| 3 Last Name | | First Name | Middle Name or Initial | Suffix (jr, sr, III) | | Registration # | |
| 4 Date of Birth | | | | | | Office Time Stamp | |





National Voter Registration Act (NVRA)



NVRA Agency Requirements

The National Voter Registration Act requires that we offer the opportunity to vote to SNAP, Work First New Jersey TANF and GA, and NJ FamilyCare/Medicaid clients when any of the following four transactions occur:

- Application
- Redetermination
- Recertification, and
- Address change
- Register to Vote Only

Since our County Welfare Agencies (CWA) and Municipal Welfare Agencies (MWA) administer these programs, they are “mandated” Voter Registration agencies.



National Voter Registration Act (NVRA)



NVRA Agency Requirements Training Model

- This training will become part of the mandatory trainings that the CWAs are required to provide to all staff.
- Staff must be trained biannually and this course should be offered to new employees.



National Voter Registration Act (NVRA)



NVRA Agency Requirements

The National Voter Registration process applies to three separate client groups:

- Group 1 - The TANF, GA or SNAP client
- Group 2 - The client applying for or receiving TANF, GA, SNAP and NJ FamilyCare/Medicaid benefits
- Group 3 - The client applying for or receiving just NJ FamilyCare/Medicaid only. (No other benefits)





National Voter Registration Act (NVRA)



NVRA Agency Requirements

- Group One - **SNAP, TANF and GA client** will continue to use the current automated process.
- Group Two – **SNAP, TANF, GA and NJ FamilyCare/Medicaid client** – use the current automated process.
- Group Three - There will be a manual Voter Registration process for clients receiving only **NJ FamilyCare/Medicaid benefits**.



National Voter Registration Act (NVRA)



Group One
SNAP, TANF or GA Client



National Voter Registration Act (NVRA)



NVRA Agency Requirements

For an individual who presents to the office for any of the services mentioned, the staff will pull up the case screen and ask the client:

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





National Voter Registration Act (NVRA)



GAAS Case # 3725 Name: Tulips, Spring Agency: 0301 tester3@0300

Case Living Household Income Other Asst Crime Insurance Child Claim Resource General Elig Main Page

Household Aliens Pregnant Women

| | | | |
|-----------|------------|---------------------|--|
| Last Name | First Name | Exemption: | Exemption Code: |
| | | Exemption Stop Dt.: | Exemption Stop Dt.: |
| | | | Clock Used: 0 |
| | | | Family Violence Victim: |
| | | | Fam. Violence Stop Dt.: |
| | | | Date of Opportunity: 03/18/2010 |
| | | | Signed Voter Registration Application: |
| | | | Medical Form Dt.: |
| | | | Disability End Date: |
| | | | SAIF Indicator: |
| | | | SAIF Clock Used: |

ReQuery
Count

A – Already Registered
N – No
R – Refused to Sign
Y – Yes

A – Address Change
N – New Applicant
R – Redetermination

Computer Generated Current Date

N – No
Y - Yes



National Voter Registration Act (NVRA)



UAP

Dropdown values:
 Y Yes I Want to Register
 N No I Do Not Want to Register
 A I Am Already Registered
 R Refused/declined Voter Opportunity

Select language then click on "Print Form" to print the Voter Registration Opportunity Form

Click on "View Forms Online" to be directed to the DOE website to fill out and print the Voter Registration Application

Voter Registration Opportunity

Opportunity Response:

Transaction Type:

Signed Form
 Yes No

Voter Opportunity
 English Spanish

Voter Registration Application

Registration Information
 Yes No

Signed Form
 Yes No



National Voter Registration Act (NVRA)



DFD Form

DFD-VRO-NVRA-2 (New 4/14)

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 received this Voter Registration Opportunity form in the mail, as part of a take home packet, or during a home visit, please complete it and return it to your local County Welfare Agency (Board of Social Services). Do not send this Voter Registration Opportunity form to the Division of Elections.

Once you complete the actual Voter Registration Application, return the application directly to your County Welfare Agency or to the Division of Elections. If you would like help 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. For assistance with the Voter Registration Application contact your local County Welfare Agency.

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, www.elections.nj.gov.

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

____ Initial



National Voter Registration Act (NVRA)



State of New Jersey
Department of State
Division of Elections

Medicaid Form

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:

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- You will be 18 years of age by the next election
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- 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 |



National Voter Registration Act (NVRA)



How to Store the Voter Registration Opportunity Form

After the client signs the form, store the hard copy in the **central NVRA file**.

Do not put the Voter Registration Opportunity Form in the client file.

Right now, there is no need to scan into DIMS. Once, we are using DIMS for all cases, we will provide you instructions on how to process this form in DIMS.



National Voter Registration Act (NVRA)



Remote Transactions

Currently, an individual can complete the following transactions remotely.

A SNAP recipient:

- Can complete an initial SNAP application by mail or online
- Change address by mail or phone
- Can complete recertification with phone interview and mailing of documents

A WFNJ recipient:

- Can change address by phone or mail



National Voter Registration Act (NVRA)



Remote Transactions

- Include a Voter Registration Opportunity Form and Voter Application when you send out materials for an online, phone or mail transaction.
- When the materials that relate to any of the NVRA transactions (new application, recert/redet or change of address) are returned, either by mail or in person, file the hard copy of the Voter Registration Opportunity Form in the central NVRA file by month and year. If there is a Voter Application, give it to the NVRA Liaison.
- Bring the Voter Registration Opportunity Form and Voter Application when conducting home visits.



National Voter Registration Act (NVRA)



Group One

SNAP, TANF or GA Client Reporting

- For most counties, the Division of Elections (DOE) Quarterly Report for TANF, GA and SNAP is an automated report. No CWA/MWA action is required.
- Counties that are not on the state information system - Cape May, Hunterdon, Morris, Passaic, Union counties -- must email quarterly numbers the first week after the quarter ends to:

Terri.Hughes@dhs.state.nj.us

- Vote-only clients (those clients who are not receiving any services from the CWA/MWA, but just want to register to vote) - NVRA Liaison must send quarterly report to the state Division of Elections.



National Voter Registration Act (NVRA)



What's new for the Group One – TANF, GA, SNAP client?

- When a client refuses to sign the Voter Registration Opportunity Form, initial the form yourself in the RTS box, and give the client a Voter Registration application.
Do not enter “no” on behalf of the client.
- County NVRA Liaisons can request from the Division of Elections applications with the “33” code on it to include in mailings for remote transactions.
- When a client applies for an NVRA-covered transaction online (new application, redetermination, recertification, change or address), by phone or mail, send the Voter Registration Opportunity Form and Voter Application with the first mailing to the client.
- The Voter Registration Opportunity Form now will specifically instruct clients to return that form directly to the CWA. Clients can still send the Voter Application to the Division of Elections, however, they will be reminded that the Voter Registration Opportunity Form only goes to the CWA.



National Voter Registration Act (NVRA)



Group Two **Client who is applying for/or** **receiving GA/TANF/SNAP and** **Medicaid**

- Use the automated screens
- Remember, if a client is applying for or being reviewed for multiple programs, ask the client just once if they would like the opportunity to vote



National Voter Registration Act (NVRA)



Group Three

NJ FamilyCare/Medicaid Clients

NJ FamilyCare Applications

- Online Applications: the applicant is given an opportunity to register to vote by clicking on the voter registration link at:

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

- Mailed Applications: the worker must mail out a Voter Registration Opportunity Form and a Voter Application at the first opportunistic mailing (e.g. mailing an application, missing information letter, or eligibility determination letter).



National Voter Registration Act (NVRA)



Group Three

NJ FamilyCare/Medicaid Clients NJ FamilyCare Applications

- Face-to-Face: The caseworker shall provide the Voter Registration Opportunity Form and Voter Application to the person applying.
- The applicant must be encouraged to complete and sign the Voter Registration Opportunity Form at the time of application.
- The client may complete the Voter Application at the agency or at home.
- Agency workers are required to offer assistance with the Voter Application upon request.
- **All completed forms must be submitted to the NVRA Liaison.**
- If the applicant applied for cash benefits or SNAP, then the voter registration requirement has been met.



National Voter Registration Act (NVRA)



Group Three

NJ FamilyCare/Medicaid Clients

NJ FamilyCare Applications

Redeterminations/Change of Address

- NJFC Redetermination: a Voter Registration Opportunity Form and Voter Application must be provided when mailing all required forms with each redetermination letter.
- Administrative Renewals: a Voter Registration Opportunity Form and Voter Application must be provided when mailing all required forms along with the eligibility determination letter.
- Address Change: a Voter Registration Opportunity Form and Voter Application must be provided when a client reports a change of address.



National Voter Registration Act (NVRA)



Group Three

NJ FamilyCare/Medicaid Clients Aged, Blind, and Disabled Medicaid Programs

- ABD programs must have a face-to-face interview. If the client is not physically present, but is represented by the following:
 - Relative
 - Authorized Representative
 - Attorney
- The caseworker shall provide the Voter Registration Opportunity Form and Voter Application to the person applying on behalf of the client.
- In the case where a county mails out an application packet, in preparation for the face-to-face interview, the Voter Registration Opportunity Form and Voter Application must be included in the packet.



National Voter Registration Act (NVRA)



2014 DMAHS Voter Registration Opportunity Response

Agency: _____

Mailing Address: _____

Prepared by: _____ Email: _____

Telephone: _____ Fax: _____

| 1 st quarter | |
|-------------------------|-------------------|
| From: | December 30, 2013 |
| To: | March 28, 2014 |

| Week Ending | Number of Voter Registration & Opportunity Forms | Yes | No | Refusal (Did not Return) | Already Registered | Total Opportunities | Completed Registration Applications |
|-------------------|--|-----|----|--------------------------|--------------------|---------------------|-------------------------------------|
| 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:

Mail: Division of Elections, P.O. Box 304, Trenton, NJ 08625-0304
 Email: Madeline.Rodriguez@sos.state.nj.us
 Fax: 609-777-1280



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

For Office Use Only

Voter registration agencies must file quarterly reports with the DOE. All Registration Opportunity Forms and number of Voter Registration Applications signed/completed must be submitted to their designated NVRA Liaison. The NVRA Liaison will tally up the number of Voter Registration Opportunity forms and record them on the quarterly report. The quarterly report shall be submitted to the Medicaid State NVRA Liaison, Jana Lang at Jana.Lang@dhs.state.nj.us, telephone (609) 588-2897, fax (609) 588-3806.

Voter Opportunity Forms and Registration Applications may be obtained at <http://www.state.nj.us/state/elections/voting-information-voter-registration-forms.html>. Quarterly Voter Registration Opportunities Response forms, promotional and additional NVRA instructions may be obtained at <http://www.state.nj.us/state/elections/election-information-nvra.html>.



National Voter Registration Act (NVRA)



Register to Vote **ONLY**

*Are You
Registered
TO VOTE?*

- Maintain a supply of voter registration applications.
- Have the individual sign the Voter Registration Opportunity Form.
- Write “Register to Vote Only” on the Voter Registration Opportunity Form.
- Have the individual fill out the Voter Registration application.
- Mail the completed Voter Applications to the Division of Elections.
- Place the Voter Registration Opportunity form in the NVRA central file.
- Send the manual report quarterly to the Division of Elections.



National Voter Registration Act (NVRA)



Transmitting Complete Applications

- Batched and mailed weekly to the Division of Elections.
- During the seven days before the registration deadline, batching and mailing must be done daily and sent by overnight mail or hand delivered.
- Check election registration deadlines at:

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



National Voter Registration Act (NVRA)



Role of the NVRA Liaison

- Serve as liaison with the state NVRA Liaison and the Division of Elections regarding NVRA issues;
- Submit a Local Operating Plan and the name of the Agency's NVRA Liaison to DFD immediately and whenever a new liaison is appointed or whenever there is a change to local operating procedure by submitting the attached NVRA-1 form.
- Ensure that all staff receive training biannually in NVRA implementation and during new employee training;
- Provide and maintain an adequate supply of voter registration forms;



National Voter Registration Act (NVRA)



Role of the NVRA Liaison

- Maintain an NVRA Central File, organized by year and month, with copies of completed Voter Registration Opportunity forms and copies of the NVRA quarterly reports;
- Manage and ensure proper collection and timely transmittal of Voter Application;
- Ensure that signs are posted at the agency in prominent locations advising individuals of their right to register to vote at that site;
- Prominently display voter registration applications and voting instructions and make application readily available;



National Voter Registration Act (NVRA)



Role of the NVRA Liaison

- Be cognizant of the voter registration deadlines in federal, state and local elections:

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

- Provide Voter Registration Opportunity forms, voter applications, and assistance to any applicant or recipient with a disability who receives assistance or services at that person's home from an agent or employee of the agency.
- Adhere to NJFC/Medicaid manual reporting.



National Voter Registration Act (NVRA)



Monitoring

- Every six months by a DFD Field Representative will review the NVRA folder for documents – Voter Registration Opportunity Forms, Vote-only Reports - ensure posters are visible, and randomly monitor client interviews.
- Every two years, DFD Management Evaluation Team review of documents.
- DFD Bureau of Research and Reporting will review automated NVRA reports, as needed.



National Voter Registration Act (NVRA)



Supplies and Materials



- Voter Applications – The NVRA Liaison should request a supply from DOE
- Signage/Posters are available on the DOE website



National Voter Registration Act (NVRA)



Training

- All CWA/MWA offices must provide training to local staff by June 30, 2014. Include name of NVRA Liaison, local rating procedures around getting form to the liaison and central NVRA file, and local election deadlines.
- New employees, including those newly assigned to work or positions that include NVRA-related responsibilities shall be required to review power point training no later than 1 month after their start date.
- Existing employees will be required to complete NVRA training at least once every two years after the initial training.
- Training materials will be available on the intranet at:
<http://dfdweb.dhs.state.nj.us/policy/Training/>
- The Med Comm can be found at:
<http://www.state.nj.us/humanservices/dmahs/info/resources/medicaid/>



National Voter Registration Act (NVRA)



Additional Information

New Jersey Division of Family Development

Mailing Address:

P.O. Box 716
Trenton, NJ 08625

Office Location:

6 Quakerbridge Plaza
Hamilton, NJ 08690

DFD NVRA Liaison: Terri Hughes, (609) 588-2176
Terri.Hughes@dhs.state.nj.us