

Indiana WIC Program 2011

**VOTER
REGISTRATION**

Legal Requirements for WIC

- ◎ The National Motor Voter law **requires:**
 - Voter registration at each **certification** and each **change of address**.
 - Staff assistance with completing the registration application.
 - Completed voter registration forms
 - be accepted at WIC clinics and
 - delivered by hand or mail (transmitting) to the Voter Registration Office.

Legal Requirements for WIC, Cont.

- ⦿ The National Motor Voter law **prohibits**:
 - Influencing political preference.
 - Displaying things of a political nature.
 - Discouraging applicants or participants from registering to vote.
 - Implying that WIC benefits are affected by their decision to register to vote.

Legal Requirements for WIC, Cont.

- ◎ The Indiana Code requires:
 - A Voter Registration Coordinator (VRC) in each local agency to oversee voter registration activities and to respond to inquiries from the local Voter Registration Offices.
 - “Transmittal” of completed voter registration forms to the County Voter Registration Office within 5 days of completion.
 - Information received in voter registration be kept confidential.

The Voter Registration Form



Receipt or Declination of Voter Registration
KEEP THIS RECEIPT FOR YOUR RECORDS

Printed Name	Date (mm/dd/yy)
Signature	County of Residence
Address	Registration Office Address
	Name of Agency Employee

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

- Yes (The agency where you apply to register is confidential.)
 No (I am registered to vote at the address where I live.)
 No

IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. The fact that you have checked "NO" is confidential and the information will be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Box 10: Identification Documentation This documentation is only required for individuals registering to vote in the county for the first time, and are sending the application by mail. Individuals applying to register at an agency are not required to provide identification documentation.

Box 13: Voter Identification Number In Box 13, you are required to provide your Indiana driver's license number as issued by the Bureau of Motor Vehicles. If you do not have an Indiana driver's license, provide the last four digits of your social security number.

Acknowledgment Notice: Your application will be forwarded to your county voter registration office. The county office will send to you a notice acknowledging receipt of your voter registration application. The notice informs you whether your registration application was approved by the county voter registration office. The notice may identify where you can vote. If you have not received an acknowledgement notice within 30 days of completing this application, you should contact your county voter registration office. TAKE THIS RECEIPT TO YOUR POLLING PLACE ON ELECTION DAY. IF THIS RECEIPT INDICATES THAT YOU APPLIED TO REGISTER AT LEAST 29 DAYS BEFORE THE ELECTION YOUR RECEIPT WILL SERVE AS PROOF THAT YOU DID APPLY AND WILL PERMIT YOU TO VOTE ON ELECTION DAY, UNLESS THE COUNTY VOTER REGISTRATION OFFICE REJECTED YOUR APPLICATION.

If you believe that someone has interfered with your right to vote, your right to privacy in deciding whether to register or in applying to vote, or your right to choose your own political party or political preference, you may file a complaint with the Co-Directors of the Indiana Election Division, 302 West Washington Street, Room E204, Indianapolis, Indiana 46204-2743; (317)232-3939. If you want, you may first try to solve the problem by filing a complaint with the county voter registration office of the county where the violation occurred.

Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 6) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township/Precinct	County Tracking Number
3	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name	First Name	Middle Name or Initial	Suffix: Jr. Sr. II III IV		
4	Residence Address (No Post Office Boxes)		Apt. No.	City/Town	State IN	Zip Code	
5	Mailing Address, if different from Box 4, if same, print "SAME"		Apt. No.	City/Town	State	Zip Code	
6	Previous Voter Registration Address		County	Apt. No.	City/Town	State	Zip Code
7	Date of Birth (mm/dd/yy)	8	Telephone number (if available)	9	E-mail (if available)	10	Are you including identification documentation? (See Instructions for Box 10 above.) <input type="checkbox"/> Yes <input type="checkbox"/> No
11	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		12	Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No		Voter Identification Number	
14	If this is an application for a name change, what was your name before you changed it? If you have not changed your name, skip this question.	Last Name	First Name	Middle Name or Initial	Suffix: Jr. Sr. II III IV		
15	Map/Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located, include roads and landmarks. Otherwise, skip this question.			I authorize my voter registration at any other address to be cancelled. I swear or affirm that: <ul style="list-style-type: none"> I am a citizen of the United States. I will be at least 18 years of age at the next general or municipal election. I will have lived in my precinct for at least 30 days before the next election. I am not currently in prison after being convicted of a crime. All the above information and all other statements on this form are true. I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both. 			
			Signature of Applicant		Date		
If applicant is unable to fill out the application due to disability, the person who helped the applicant with this application lists their name, address and telephone number in the box below. (Telephone number is optional.)							
Name		Address		City/Town		Telephone Number (optional)	

The Voter Registration Form, Cont.

- The State Election Commission creates and issues the Voter Registration form (VRG-6) to be used in WIC Clinics.
- The VRG-6 form allows the State Election Commission to track voter registration activities for agencies complying with the National Voter Registration Law.
- **The VRG-6 is currently only available in English .**
- No changes or translations may be made to this form.

The Voter Registration Form, Cont.

- ⦿ **At Certification:**

The Voter Registration Form **will be printed from the system.**

- ⦿ **At Change of Address:**

The Voter Registration Form **will be issued by hand.**

The Voter Registration Form, Cont.

- ① The Voter Registration Form consists of two pieces:
 1. The top half.
 2. The bottom half.

The Voter Registration Form, Cont.

 **INDIANA AGENCY VOTER REGISTRATION APPLICATION** (VRG-6)
State Form 46914 (RB/12-03)
Indiana Election Commission

Receipt or Declination of Voter Registration
KEEP THIS RECEIPT FOR YOUR RECORDS

Printed Name	Date (month/day)
Signature	County of Residence
Address	Registration Office Address
	Name of Agency Employee

If you are not registered to vote where you live now, would you like to apply to register to vote today?
 Yes (The agency where you apply to register is confidential.)
 No (I am registered to vote at the address where I live.)
 No
IF YOU DO NOT CHECK ANY BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. The fact that you have checked "NO" is confidential and the information will be used only for voter registration purposes. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

Box 10: Identification Documentation This documentation is only required for individuals registering to vote in the county for the first time, and are sending the application by mail. Individuals applying to register at an agency are not required to provide identification documentation.

Box 13: Voter Identification Number In Box 13, you are required to provide your Indiana driver's license number as issued by the Bureau of Motor Vehicles. If you do not have an Indiana driver's license, provide the last four digits of your social security number.

Acknowledgment Notice: Your application will be forwarded to your county voter registration office. The county office will send to you a notice acknowledging receipt of your voter registration application. The notice informs you whether your registration application was approved by the county voter registration office. The notice may identify where you can vote. If you have not received an acknowledgement notice within 30 days of completing this application, you should contact your county voter registration office. TAKE THIS RECEIPT TO YOUR POLLING PLACE ON ELECTION DAY. IF THIS RECEIPT INDICATES THAT YOU APPLIED TO REGISTER AT LEAST 29 DAYS BEFORE THE ELECTION YOUR RECEIPT WILL SERVE AS PROOF THAT YOU DID APPLY AND WILL PERMIT YOU TO VOTE ON ELECTION DAY, UNLESS THE COUNTY VOTER REGISTRATION OFFICE REJECTED YOUR APPLICATION.

If you believe that someone has interfered with your right to vote, your right to privacy in deciding whether to register or in applying to vote, or your right to choose your own political party or political preference, you may file a complaint with the Co-Directors of the Indiana Election Division, 302 West Washington Street, Room E204, Indianapolis, Indiana 46204-2743; (317)232-3939. If you want, you may first try to solve the problem by filing a complaint with the county voter registration office of the county where the violation occurred.

Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 6) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township/Postcode	County Training Number
---	--	---	--------------------------------	-----------------	----------------	-------------------	------------------------

The top half serves as either:

- A **Receipt** for registering to vote, or
- A **Declination** to register to vote.

The Voter Registration Form, Cont.

INDIANA AGENCY VOTER REGISTRATION APPLICATION (VRG-6)
 State Form 46914 (RB/12-03)
 Indiana Election Commission

Receipt or Declination of Voter Registration
 KEEP THIS RECEIPT FOR YOUR RECORDS

Print Name	Date (month/day)
Signature	County of Residence
Address	Registration Office Address
	Name of Agency Employee

The bottom half serves as the Voter Registration application.

Please Print in Blue or Black Ink

1	Check boxes that apply: <input type="checkbox"/> New registration <input type="checkbox"/> Address change (See Box 4) <input type="checkbox"/> Name change (See Box 14)	2	Indiana county where you live:	COUNTY USE ONLY	Date processed	Township/Village	County Tracking Number
3	Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male	Last Name		First Name	Middle Name or Initial	Suffix: Jr. Sr. III IV	
4	Residence Address (No Post Office Boxes)			Apt. No.	City/Town	State IN	Zip Code
5	Mailing Address, if different from Box 4, if same, print "SAME"			Apt. No.	City/Town	State	Zip Code
6	Previous Voter Registration Address			County	Apt. No.	City/Town	State Zip Code
7	Date of Birth (month/day)	8	Telephone number (if available)	9	E-mail (if available)	10 Are you including identification documentation? (See Instructions for Box 10 above.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
11 Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		12 Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No		13 Voter Identification Number			
14 If this is an application for a name change, what was your name before you changed it? If you have not changed your name, skip this question. N		Last Name		First Name	Middle Name or Initial	Suffix: Jr. Sr. III IV	
15 Map Diagram: If your residence has no address, street number or name (such as 100 Maple Street), please draw a map showing where your residence is located, include roads and landmarks. Otherwise, skip this question.				16 I authorize my voter registration at any other address to be cancelled. I swear or affirm that: <ul style="list-style-type: none"> I am a citizen of the United States. I will be at least 18 years of age at the next general or municipal election. I will have lived in my precinct for at least 30 days before the next election. I am not currently in prison after being convicted of a crime. All the above information and all other statements on this form are true. I understand that if I sign this statement knowing that it is not true I am committing perjury and can be fined up to \$10,000, jailed for up to three years or both. 			
Signature of Applicant				Date			
If applicant is unable to fill out the application due to disability, the person who helped the applicant with this application fills their name, address and telephone number in the box below. (Telephone number is optional.)							
Name		Address		City/Town		Telephone Number (optional)	

Top Half of Voter Registration Form

- The information box (name, address, etc.) .
- The question:
“If you are not registered to vote where you live now, would you like to apply to register to vote?”
- The three possible responses to the question:
 - Yes
 - No (I am registered to vote at the address where I live)
 - No
- The explanation for those choosing “No”.
- The explanation for boxes 10 (will be answered no) and 13 (Indiana Driver’s license number or last four digits of Social Security Number) on the bottom half of the form.
- The Acknowledgement Notice (how the application is processed and used as a receipt on election day).
- The Notice of Right to File a Complaint.

Top Half of Voter Registration Form, Cont.

As a Receipt:

- Serves as a receipt of registering to vote for those applicants/participants answering “Yes”.
- This receipt may be taken to the polling place on election day by the applicant/participant.
- The applicant or participant must sign the top and bottom half of the form when registering to vote.

For a Receipt: Be sure to include the date, person’s printed name, signature, address, county of residence, WIC clinic site address (Registration Office Address), and your name (Name of Agency Employee) on the top the form.

Top Half of Voter Registration Form, Cont.

- ◎ **As a Declination:**

- Serves as a declination for those answering “No” or having “No” chosen for them.

For declinations: Be sure to include the date, the person’s printed name, address, county of residence, WIC clinic site address (Registration Office Address), and your name (Name of Agency Employee) on the top of the form. (No signature is required.)

Bottom Half of Voter Registration Form

- Serves as the Registration Form for those applicants/participants answering “Yes”.
- Serves no purpose for those answering “No” or having “No” chosen for them, and must be discarded by the WIC clinic.

Assisting the Applicant/Participant in WISE

- The only thing changing at this time is the form.
- Until there is a Spanish form available, an English version will print when a Spanish version is requested.
- The four Voter Registration answers currently in WISE will remain the same.

Assisting the Applicant/Participant in WISE, Cont.

Applicants who respond “Yes”:

- Mark “Yes (The agency where you apply to register is confidential.)” on the top of the form.
- Have the applicant/participant complete the bottom half of the form as their voter registration.
- Separate the top from the bottom and hand the top half to the applicant/participant as their receipt.
- Retain the bottom half to send in to the Voter Registration Office.

Assisting the Applicant/Participant in WISE, Cont.

Applicants who respond “No”:

- Mark “No” on the top of the form as the declination.
- Separate the top from the bottom and discard the bottom.
- Retain the top half to forward as a declination to the Voter Registration Office.

Assisting the Applicant/Participant in WISE, Cont.

Applicants who choose not to respond:

- Are considered to have chosen “No”.
- Must be informed that by choosing not to respond, the voter registration application is being marked “No” for them, and that this choice is confidential and will be used for Voter Registration purposes only.
- Mark “No” on the top of the declination form.
- Separate the top from the bottom and discard the bottom half.
- Retain the top half to forward as a declination to the Voter Registration Office.

Assisting the Applicant/Participant in WISE, Cont.

Applicants responding “No (I am registered to vote at the address where I live.)”:

- There is no need to produce or issue a voter registration form for people answering “No (I am registered to vote where I live)”.
- Proceed with the Certification or the Change of Address.

Assisting the Applicant/Participant in WISE, Cont.

- Remember that the WIC Office is obligated to provide the **opportunity** to register to vote, and that the decision is solely up to the person applying for WIC benefits or changing their address.

The Voter Registration Material Transmittal Form



INDIANA VOTER REGISTRATION MATERIAL TRANSMITTAL
State Form 48028 (R4/12-05)
Indiana Election Commission

(VRG-9)

TRANSMITTAL OF VOTER REGISTRATION MATERIALS

INSTRUCTIONS:

This form must be used by an individual transmitting voter registration applications or declinations from a license branch, a public assistance agency, an agency serving disabled persons, a county registration substation, or other "full service" voter registration agency to a county voter registration office. The individual must send these documents **BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED OR BY HAND DELIVERY** and must include this transmittal with the registration documents.

The agency or office may wish to retain a photocopy of this form when transmitting by certified mail since the return receipt (*and not this form*) will be transmitted back to the agency or office.

TO: The County Voter Registration Officer of _____ County, Indiana

FROM: _____

DATE: _____

In accordance with state law, this agency or office transmits to you by certified mail, return receipt requested, the following voter registration material:

_____ Number of Registration Applications

_____ Number of Registration Declinations

Please arrange for the prompt return of our certified mail receipt. Thank you for your assistance and cooperation.

Agency Employee or Representative: _____

Agency Name and/or ID #: _____

The Voter Registration Material Transmittal Form, Cont.

- The instructions on the use of the VRG-9 are on the top of the form.
- The VRG-9 must be attached to all “batched” Voter Registration (bottom pieces) and Declination forms (top pieces).
- A copy must be made of the completed VRG-9 for all batches. (No copies of completed Voter Registration Forms or Declinations are to be made or kept.)

Sending the Forms

- Voter Registration and Declination forms must be forwarded within 5 days of being completed to the Voter Registration Office in the county where the applicant/participant resides.
- Transmittals mailed must be sent Certified, Return Receipt Requested.
- The Voter Registration Office is to provide a receipt for the WIC staff in agencies choosing to hand deliver their batches.
- The list of Voter Registration Offices is posted on SharePoint.

Filing the Forms

- ⦿ Attach Receipts /Return Receipts to copies of the Transmittal forms.
- ⦿ File and retain at each clinic site for a period of 2 years from the transmittal date (the date on the certified mail receipt or the date on the receipt from the Voter Registration Office).

Voter Registration Coordinator

- The list of Voter Registration Coordinators (VRC) is posted on SharePoint under the Clinic Services tab.
- The VRC is responsible for:
 - Training staff on the voter registration and transmittal process.
 - Ensuring trainings are added to the In-service Education Plan and Attendance Roster.
 - Overseeing the voter registration and transmittal process within the local agency.
 - Ensuring the VRG-9 and receipt file is retained for 2 years in each clinic site.

Voter Registration Coordinator, Cont.

- ◎ The VRC is responsible for:
 - Ensuring transmittal forms and paper voter registration forms are available in each clinic site.
 - Distributing voter registration materials to staff as instructed by the State WIC office.
 - Serving as the liaison between the County Circuit Clerk or Board of Voter Registration Office and the State WIC office to resolve any voter registration issues as they arise.

QUESTIONS?

- If you have questions, please contact your local agency VRC.
- Questions from the local Voter Registration Offices should also be forwarded to your local agency VRC.
- If your local agency VRC is not available, contact Carol Raney at the State WIC Office at (317) 234-3853 for further instructions.

To Summarize

- ⦿ Offer the paper applications at address change. WISE will print the form only at certification.
- ⦿ Assist applicants when needed.
- ⦿ Ensure the form is completed accurately and is transmitted within the 5-day timeframe.
- ⦿ Keep only **copies** of transmittal forms and receipts, no registration forms or declinations.

**Thank you
for doing your
part in
Voter Registration!**