



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance
600 Washington Street • Boston MA 02111

William F. Weld
Governor
Argeo Paul Cellucci
Lieutenant Governor

Joseph Gallant
Secretary
Claire McIntire
Commissioner

FIELD OPERATIONS MEMO 96-25
JULY 22, 1996

TO: LOCAL OFFICE STAFF

FROM: JOYCE SAMPSON
ASSISTANT COMMISSIONER FOR FIELD OPERATIONS

RE: VOTER REGISTRATION

**National Voter
Registration Act**

The National Voter Registration Act requires states to provide voter registration services at state and local government agency offices. The Department of Transitional Assistance must provide these services during the application process, at the eligibility review, recertification or redetermination, whenever there is a change of address, or anytime voter registration services are requested. The voter registration services are not limited to applicants and/or recipients of public assistance and must be made available to the general public.

**Voter Registration
Services**

Voter registration services include:

- (A) Informing applicants and recipients of the ability to register to vote at offices of the Department;
 - (B) Asking applicants and recipients if he or she would like to register to vote;
 - (C) Providing a **Voter Registration Form** (see Attachment A) or a **Mail-In Voter Registration Form** (see Attachment B);
 - (D) Providing assistance in completing a Voter Registration Form, unless assistance is refused; and
 - (E) Accepting completed Voter Registration Forms for transmittal to the appropriate local city or town election offices.
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**Declination Forms
Part A**

Applicants and/or recipients who are (a) U.S. citizens, and (b) age 18 or older, or who will be age 18 on or before the next election, must be asked if they would like to register to vote, as part of the application process, eligibility review, recertification or redetermination, or whenever there is a change of address.

Each such person must be given a **Declination Form** (see Attachment C) and asked to complete it.

Part A of the Declination Form should be checked in the appropriate box by the applicant or recipient to indicate whether he or she:

- (A) would like to register to vote,
- (B) does not want to register to vote, or
- (C) is already registered to vote where he or she currently lives.

If the applicant or recipient wishes to register to vote, provide him or her with the Voter Registration Form and the Mail-In Voter Registration Form. Offer assistance in completing the form.

If the applicant or recipient does not wish to complete and sign the Declination Form, he or she will be considered to have decided not to register to vote at this time.

Note: The Declination Forms have a "1995" date on them. Please cross off the "1995" and write in the appropriate year. An updated supply will be available soon.

Part A of the Declination Form must be filed in a designated location in the local office and kept for 22 months. They must be made available to authorized members of a board of registrars or to election commission officers for purposes of monitoring voter registrations and declinations.

**Declination Forms
Part B**

Part B of the Declination Form is optional.

**Declination Forms
Part C**

Part C of the Declination Form must be given to the applicant or recipient, regardless of whether or not he or she registers to vote.

**Voter Registration
Forms**

Applicants, recipients, or people who walk in off the street who are (a) U.S. citizens, and (b) age 18 or older, or who will be age 18 on or before the next election, and (c) who want to register to vote, must be given a Voter Registration Form or a Mail-In Voter Registration Form. Assistance must be provided in completing the forms unless assistance is refused.

When the Voter Registration Form has been completed, the original must be given to the director or designee and the copy must be given to the applicant or recipient.

Note: Do not use photocopies of the Voter Registration Form. Only an original form may be used.

**Transmitting Completed
Voter Registration
Forms**

The director or designee must ensure that all completed Voter Registration Forms that are submitted to the Department are transmitted to the appropriate city and town election offices within five days of accepting the completed forms.

**Influencing Voter
Registration**

Workers may not influence whether or how a person registers to vote. Workers may not:

- (A) seek to influence an applicant's or recipient's political preference or party registration,
- (B) display any political preference or party allegiance,
- (C) make any statement to an applicant or recipient or take any action the purpose or effect of which is to discourage the applicant or recipient from registering to vote, or

(continued on next page)

**Influencing Voter
Registration
(continued)**

- (D) make any statement to an applicant or recipient or take any action the purpose or effect of which is to lead the applicant or recipient to believe that a decision to register or not to register has any bearing on the availability of services or benefits.
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**Mail-In Voter
Registration Forms**

An applicant or recipient who is (a) a U.S. citizen, and (b) age 18 or older, or who will be age 18 on or before the next election, who is applying for assistance by mail, having eligibility reviewed by mail, or notifies the Department of a change of address by mail, must be mailed the following forms along with any appropriate Department forms:

- (A) a Declination Form,
(B) a Mail-In Voter Registration Form (see Attachment C), and
(C) a Multilingual Card.
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Posters

The director or designee must ensure that **Violations of Election Laws** posters are displayed in local office reception areas.

**Application and
Eligibility Review
Packets**

Directors or designees must ensure that Declination Forms, Voter Registration Forms, and Mail-In Voter Registration Forms are included in application, eligibility review, recertification, and redetermination packets used by their staff.

Additional supplies of the forms may be ordered from Schrafft's in the usual manner.

Note: Schrafft's will include the Declination Form, Voter Registration Form, and Mail-In Voter Registration Forms with the Application and Redetermination forms as soon as possible.

**Directors'/Designees'
Reporting
Responsibilities**

Directors or their designees must keep records of the number of Voter Registration Forms completed and the number of Declination Forms for their office. These numbers must be entered on the Voter Registration Weekly Report (see Attachment D) and faxed to the Regional Directors on Monday mornings for the previous week.

Obsolete Material

Obsolete Field Operations Memo 95-5.

Questions

If you have any questions about the Declination Form or the Voter Registration Form, please call the Elections Division in the Office of the Secretary of State at 1-800-462-8683.

If you have any questions about this Field Operations memo, please have your Hotline Designee call the Policy Hotline at (617) 348-8478.

To register to vote in Massachusetts you must be: a U.S. citizen, a resident of Massachusetts and at least 18 years old on or before the next election. If you are registering to vote at an agency, the fact that you register or refuse to register to vote will remain confidential and will be used only for voter registration purposes and the office at which you register will remain confidential and be used only for voter registration purposes. *Penalty for Illegal Registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both (MGL c56 s8).*

Massachusetts Official Voter Registration Form



Secretary of
the Commonwealth

1 Full name: _____
Miss Ms. Mrs. Mr. last name first name middle name or initial Jr. Sr. II III IV (circle one if appropriate)

2 Former name (if applicable): _____
Miss Ms. Mrs. Mr. last name first name middle name or initial Jr. Sr. II III IV (circle one if appropriate)

3 Address where you live now* (street number, street name, rural route number and box number): _____
street number / street name / rural route number and box number apartment number city or town zip code + 4-digit

4 Address where you receive all your mail (if different from #3): _____
street number / street name / rural route number and box number / post office box apartment number city or town zip code + 4-digit

5 Date of birth: _____ **6** Telephone (optional): Check if unlisted
month day year () -

7 Party enrollment or designation (check one):
 Democratic Republican Libertarian No Party (unenrolled)
 Political Designation (not a political party): _____

8 Address at which you were last registered to vote: _____
street number / street name / rural route number and box number / post office box apartment number city or town state zip code + 4-digit

*Using landmarks, draw the location of the place where you live if you cannot describe that location as a number and street or as a rural route and box number.

9 If the applicant is unable to sign this form, give the name, address and telephone number (optional) of the person helping the applicant:
name address telephone number (optional)

10 I hereby swear (affirm) that I am the person named above, that the above information is true, that I am a citizen of the United States, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections and that I consider this residence to be my home. Signed under the pains and penalties of perjury.

11 Today's date: _____ **12** Signed: _____
month day year Sign your name here. AAB

Mail to local election office within 5 days!

Mail-In Voter Registration Form



Fold along dotted line.

How to use this form

1. Print your name: last name, first name, middle name or initial.
2. Print your former name, if applicable.
3. Print the address where you live now: number and street name or rural route number and box number (do not use post office box), apartment number, city or town and full zip code. Use the map[†] at right if you cannot otherwise identify your address.
4. Print the address where you receive all your mail, if it is different from the address entered on #3.
5. Print your date of birth: month, day and year.
6. This is optional. If you include your telephone number and do not check "unlisted" it will be a public record.
7. Check a party, 'no party' or print a political designation (not a party).
8. If a person is helping you because you are unable to sign this form, that assisting person must print his or her name, address and telephone number (optional).
9. Print the address where you were last registered to vote.
10. Read the oath.
11. Print today's date.
12. Sign your name.
13. This form may be mailed or hand-delivered to your city or town hall. If mailed, fold the form, tape it closed, place a first class stamp on it, print your city or town name and zip code for that city or town hall and drop into any mailbox. If you don't know your city or town hall's zip code, please call 1-800-462-8683.

**A "political designation" for voter registration purposes is the result of a political designation petition signed by 50 registered voters and filed with the state secretary. This process allows voters to register in that political designation. Voters enrolled in a political designation may not vote in primaries, but may sign nomination papers for candidates and petitions for ballot measures.*

You can use this form to:

- register to vote in Massachusetts; and/or
- change your name or address for voter registration only; and/or
- join a party, change from one party to another or leave a party.

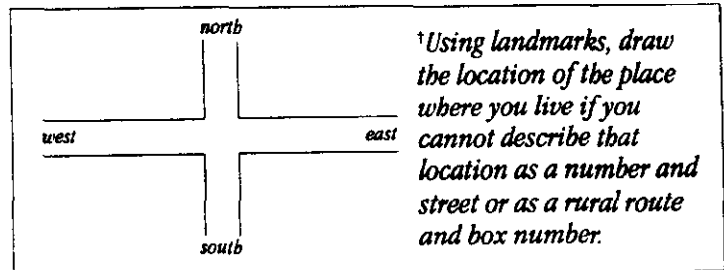
To register to vote in Massachusetts you must:

- be a U.S. citizen; and
- be a Massachusetts resident; and
- be at least 18 years old on or before the next election.

If you are registering to vote at an agency...

- the fact that you refuse to register to vote will remain confidential and will be used *only* for voter registration purposes; and
- the office at which you register will remain confidential and be used *only* for voter registration purposes.

Penalty for Illegal Registration: Fine of not more than \$10,000 or imprisonment for not more than five years or both.
-Massachusetts General Laws, chapter 56 section 8.



If you do not hear from your local election officials in 2 or 3 weeks, please call them!

Print all information in black ink. Follow instruction #13 for proper delivery. Do not use a photocopy of this form - use the original only!

1 Full name:
Miss Ms. Mrs. Mr. _____
last name first name middle name or initial Jr. Sr. II III IV
(circle one if appropriate)

2 Former name (if applicable):
Miss Ms. Mrs. Mr. _____
last name first name middle name or initial Jr. Sr. II III IV
(circle one if appropriate)

3 Address where you live now (street number, street name, rural route number and box number):
_____ apartment number city or town zip code + 4-digit

4 Address where you receive all your mail (if different from #3):
_____ apartment number city or town zip code + 4-digit

5 Date of birth:
month day year

6 Telephone (optional):
() - Check if unlisted

8 Assisting person: (applicable if registrant is unable to sign)
name of person assisting registrant _____
address _____ telephone number (optional) _____

9 Address at which you were last registered to vote:
street number / street name / rural route number and box number / post office box apartment number city or town state zip code + 4-digit

10 I hereby swear (affirm) that I am the person named above, that the above information is true, that I am a citizen of the United States, that I am not a person under a guardianship which prohibits my registering to vote, that I am not temporarily or permanently disqualified by law from voting because of corrupt practices in respect to elections and that I consider this residence to be my home. Signed under the pains and penalties of perjury.

11 Today's date: month day year

12 Signed: _____
Sign your name here.

Fold along dotted line.

Do not use a photocopy of this form - use the original only!

This form must be received or postmarked by the local Board of Registrars or Election Commission on or before the deadline for voter registration (listed below) for that election, primary, preliminary or town meeting.

DEADLINES FOR VOTER REGISTRATION

Check to make sure that you have completed all the information on the voter registration affidavit on the opposite side!

To participate in...	You must register...
state primaries	at least 20 days before
state elections	
city and town primaries	
city and town preliminaries	
city and town elections	
regularly scheduled town meetings	
special town meetings	at least 10 days before

Fold along dotted line.

Return Address

name

number and street

_____, MA

city or town *zip code*

Place

First Class

Stamp Here

Board of Registrars or Election Commission

City or Town Hall

, MA

YOUR CITY OR TOWN

ZIP CODE FOR CITY OR TOWN HALL



William Francis Galvin
Secretary of the Commonwealth

Declination Form

CONFIDENTIAL - NOT A PUBLIC RECORD

PART A

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

- Yes
- No
- Already registered where I live now

(If you are registered to vote where you live now and have not changed your address it is not necessary to register to vote again.)

Please, sign your name here: _____ Date: _____, 1995

If you do not check any box, you will be considered to have decided not to register to vote at this time.

OPTIONAL AGENCY RECORD

PART B: Use is optional

- Registered to vote
- Did not register to vote
- Already registered where I live now

For agency use only:

Agency staff signature: _____ Date: _____, 1995

Tear along this perforated line and give to applicant.

PART C / APPLICANT COPY: Please keep this for your personal records.

- 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 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.

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 Secretary of the Commonwealth, Elections Division, One Ashburton Place, Room 1705, Boston, MA 02108; telephone 617-727-2828 or toll free 1-800-462-8683.



Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Transitional Assistance

Voter Registration Weekly Report

To: _____
(Name of Regional Director)

From: _____
(Name of Director or Designee)

Local Office: _____

For Week Ending: _____

**Number of Voter Registration
Forms Completed:**

Number of Declination Forms:

Manager's Signature

Date