



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

DEVAL L. PATRICK  
Governor


TIMOTHY P. MURRAY  
Lieutenant Governor

JUDYANN BIGBY, M.D.  
Secretary

DANIEL J. CURLEY  
Commissioner

**Operations Memo 2012-33**  
**July 13, 2012**

**To:** Department of Transitional Assistance Staff

**From:**  Stephanie Brown, Assistant Commissioner for Policy, Program and External Relations

**Re:** TAFDC, EAEDC and SNAP – Voter Registration Mailing

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**Overview**

As a result of a settlement in *Delgado v. Galvin*, the Department will conduct a mailing to ensure that any current and former applicants or clients who had an application, recertification, reevaluation and/or an address change between June 1, 2011 and May 31, 2012, are given the opportunity to register to vote through the Department. The mailing is estimated to be sent to 450,000 to 500,000 households.

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**Purpose**

The purpose of this Operations Memo is to provide TAO staff with information about this one-time voter registration mailing.

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**Mailing**

Beginning in mid-July and continuing through July 30, 2012, Document Production will send the affected households:

- a letter explaining why they are receiving the National Mail Voter Registration form (Attachment A);
- the National Mail Voter Registration form with instructions for its completion (Attachments B); and
- a self-addressed postage-paid envelope. This envelope is addressed to a Central Office PO Box.

Completed National Mail Voter Registration forms received by Central Office will be counted and sent to the appropriate local election officials.

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**Mailing  
(continued)**

If TAO staff receive any completed National Mail Voter Registration forms (either by the individual mailing it to the TAO or hand delivering it to the TAO), TAO directors/designees must send the completed forms to the appropriate local election office within five days of the receipt of the form. See Operations Memo 2012-34 for further instructions regarding reporting of these National Mail Voter Registration forms.

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**Phone Calls**

Individuals receiving the mailing have been directed to call the Secretary of the Commonwealth at 1-800-462-VOTE (8683) with any questions they have about completing the voter registration form.

If an individual calls asking about the mailing, DTA staff must explain that the purpose of the mailing is to ensure everyone is given the opportunity to register to vote and ask if he or she needs assistance filling out the form.

*If the individual needs help completing the form, use the instructions in Attachments B to help him or her and encourage him or her to return the form in the self-addressed prepaid envelope provided with the mailing to Central Office.*

*If the individual does not need help completing the form, encourage him or her to return the form in the self-addressed prepaid envelope provided with the mailing to Central Office.*

**Important:** DTA staff must inform any active client that his or her eligibility for benefits and benefit amount will **not** change based on whether he or she decides to register.

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**Questions**

If you have any questions, please have your Hotline designee call the Policy Hotline.

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**Attachment A**

To comply with Section 7 of the National Voter Registration Act, 42 U.S.C. § 1973gg-5 et seq., the Massachusetts Department of Transitional Assistance (“DTA”) is required to provide voter registration opportunities and assistance to public assistance applicants and clients. You are receiving this letter and the enclosed Mail-In Voter Registration Form because DTA’s records show that you have recently applied for and/or received public assistance through one or more programs administered by DTA. Please note that DTA does not verify whether or not public assistance applicants or clients are currently registered to vote or eligible to register to vote.

To vote in any election, including the upcoming November 6, 2012 federal elections for Members of the United States House of Representatives, Senator and President, you must be registered to vote. If you want to register to vote in the November federal elections, please read this letter carefully.

The deadline to register to vote in the November federal elections is October 17, 2012. If you want to register to vote, complete the enclosed Mail-In Voter Registration Form and send it to DTA in the enclosed, postage prepaid return envelope. You must mail the completed Form so that DTA receives it no later than October 17, 2012. Alternatively, you can hand-deliver the completed Form to any DTA office by October 17, 2012, or mail or deliver the completed Form to the election official in the city or town where you live by October 17, 2012.

If you need assistance in completing the enclosed Mail-In Registration Form, or have questions regarding how to register to vote, visit any DTA office and ask for help or information. You can also get assistance or information by calling the voter toll-free number maintained by the Office of the Secretary of the Commonwealth at 1-800-462-VOTE (8683).

Your decision whether or not to register to vote, or to request assistance or information about registering to vote from DTA or the Secretary of the Commonwealth, will not in any way affect your eligibility for public assistance benefits or the amount of benefits that you receive.

# Application Instructions

Before filling out the body of the form, please answer the questions on the top of the form as to whether you are a United States citizen and whether you will be 18 years old on or before Election Day. If you answer no to either of these questions, you may not use this form to register to vote. However, state specific instructions may provide additional information on eligibility to register to vote prior to age 18.

## Box 1 — Name

Put in this box your full name in this order — Last, First, Middle. Do not use nicknames or initials.

*Note:* If this application is for a change of name, please tell us in **Box A** (*on the bottom half of the form*) your full name before you changed it.

## Box 2 — Home Address

Put in this box your home address (legal address). Do **not** put your mailing address here if it is different from your home address. Do **not** use a post office box or rural route without a box number. Refer to state-specific instructions for rules regarding use of route numbers.

*Note:* If you were registered before *but* this is the first time you are registering from the address in Box 2, please tell us in **Box B** (*on the bottom half of the form*) the address where you were registered before. Please give us as much of the address as you can remember.

*Also Note:* If you live in a rural area but do not have a street address, *or* if you have no address, please show where you live using the map in **Box C** (*at the bottom of the form*).

## Box 3 — Mailing Address

If you get your mail at an address that is different from the address in Box 2, put your mailing address in this box. If you have no address in Box 2, you **must** write in Box 3 an address where you can be reached by mail.

## Box 4 — Date of Birth

Put in this box your date of birth in this order — Month, Day, Year. *Be careful not to use today's date!*

## Box 5 — Telephone Number

Most States ask for your telephone number in case there are questions about your application. However, you do **not** have to fill in this box.

## Box 6 — ID Number

Federal law requires that states collect from each registrant an identification number. You must refer to your state's specific instructions for item 6 regarding information on what number is acceptable for your state. If you have neither a drivers license nor a social security number, please indicate this on the form and a number will be assigned to you by your state.

## Box 7 — Choice of Party

In some States, you must register with a party if you want to take part in that party's primary election, caucus, or convention. To find out if your State requires this, see item 7 in the instructions under your State.

If you want to register with a party, print in the box the full name of the party of your choice.

If you do **not** want to register with a party, write "no party" or leave the box blank. Do **not** write in the word "independent" if you mean "no party," because this might be confused with the name of a political party in your State.

*Note:* If you do not register with a party, you can still vote in general elections and nonpartisan (nonparty) primary elections.

## Box 8 — Race or Ethnic Group

A few States ask for your race or ethnic group, in order to administer the Federal Voting Rights Act. To find out if your State asks for this information, see item 8 in the instructions under your State. If so, put in Box 8 the choice that best describes you from the list below:

- American Indian *or* Alaskan Native
- Asian or Pacific Islander
- Black, *not of* Hispanic Origin
- Hispanic
- Multi-racial
- White, *not of* Hispanic Origin
- Other

## Box 9 — Signature

Review the information in item 9 in the instructions under your State. Before you sign or make your mark, make sure that:

- (1) You meet your State's requirements, and
- (2) You understand **all** of Box 9.

Finally, sign your **full** name or make your mark, and print today's date in this order — Month, Day, Year. If the applicant is unable to sign, put in **Box D** the name, address, and telephone number (optional) of the person who helped the applicant.

# State Instructions

## Massachusetts

Updated: 03-01-2006

**Registration Deadline** — 20 days before the election.

**6. ID Number.** Federal law requires that you provide your driver's license number to register to vote. If you do not have a current and valid Massachusetts' driver's license then you must provide the last four (4) digits of your social security number. If you have neither, you must write "NONE" in the box and a unique identifying number will be assigned to you.

**7. Choice of Party.** If you do not designate a party of political designation in this box, you will be registered as unenrolled. Unenrolled voters may participate in party primaries. However, an unenrolled voter must enroll in a party on the day of the Presidential Preference Primary in order to participate in that primary.

**8. Race or Ethnic Group.** Leave blank.

**9. Signature.** To register in Massachusetts you must:

- be a citizen of the United States
- be a resident of Massachusetts
- be 18 years old on or before the next election
- not have been convicted of corrupt practices in respect to elections
- not be under guardianship with respect to voting
- not be currently incarcerated for a felony conviction

**Mailing address:**

Secretary of the Commonwealth  
Elections Division, Room 1705  
One Ashburton Place  
Boston, MA 02108

**or** use the enclosed pre-paid envelope

# Voter Registration Application

**Before completing this form, review the General, Application, and State specific instructions.**

**AAB**

Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be 18 years old on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No		This space for office use only.	
<b>If you checked "No" in response to either of these questions, do not complete form.</b> (Please see state-specific instructions for rules regarding eligibility to register prior to age 18.)					
<b>1</b>	(Circle one) Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
<b>2</b>	Home Address		Apt. or Lot #	City/Town	State Zip Code
<b>3</b>	Address Where You Get Your Mail If Different From Above			City/Town	State Zip Code
<b>4</b>	Date of Birth _____ Month Day Year	<b>5</b>	Telephone Number (optional)	<b>6</b> ID Number - (See item 6 in the instructions for your state)	
<b>7</b>	Choice of Party (see item 7 in the instructions for your State)	<b>8</b>	Race or Ethnic Group (see item 8 in the instructions for your State)		
<b>9</b>	<p>I have reviewed my state's instructions and I swear/affirm that:</p> <ul style="list-style-type: none"> <li>■ I am a United States citizen</li> <li>■ I meet the eligibility requirements of my state and subscribe to any oath required.</li> <li>■ The information I have provided is true to the best of my knowledge under penalty of perjury. If I have provided false information, I may be fined, imprisoned, or (if not a U.S. citizen) deported from or refused entry to the United States.</li> </ul>			<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p style="text-align: center;">Please sign full name (or put mark) ▲</p> <p>Date: <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span> / <span style="border-bottom: 1px solid black; display: inline-block; width: 20px;"></span></p> <p style="text-align: center;">Month Day Year</p>	

If you are registering to vote for the first time: please refer to the application instructions for information on submitting copies of valid identification documents with this form.

## Please fill out the sections below if they apply to you.

If this application is for a **change of name**, what was your name before you changed it?

<b>A</b>	Mr. Mrs. Miss Ms.	Last Name	First Name	Middle Name(s)	(Circle one) Jr Sr II III IV
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If you were **registered before but this is the first time you are registering from the address in Box 2**, what was your address where you were registered before?

<b>B</b>	Street (or route and box number)	Apt. or Lot #	City/Town/County	State	Zip Code
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If you live in a rural area but do not have a street number, or if you have no address, please show on the map where you live.

<b>C</b>	<ul style="list-style-type: none"> <li>■ Write in the names of the crossroads (or streets) nearest to where you live.</li> <li>■ Draw an X to show where you live.</li> <li>■ Use a dot to show any schools, churches, stores, or other landmarks near where you live, and write the name of the landmark.</li> </ul>	<b>NORTH</b> ↑												
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">Example</td> <td style="width: 10%; text-align: center; vertical-align: middle;">Route #2</td> <td style="width: 10%; text-align: center;">● Grocery Store</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="padding: 5px;">Public School ●</td> <td style="padding: 5px;">Woodchuck Road</td> <td style="text-align: center;">X</td> <td></td> <td></td> <td></td> </tr> </table>	Example	Route #2	● Grocery Store				Public School ●	Woodchuck Road	X				<div style="border: 1px solid black; width: 100%; height: 100%;"></div>
Example	Route #2	● Grocery Store												
Public School ●	Woodchuck Road	X												

If the applicant is unable to sign, who helped the applicant fill out this application? Give name, address and phone number (phone number optional).

<b>D</b>	
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Mail this application to the address provided for your State.