

M E M O R A N D U M

DATE: May 28, 2021

TO: Job Center Directors, Supplemental Nutrition Assistance Program (SNAP) Managers and Regional Managers

FROM: James K. Whelan, Executive Deputy Commissioner
Office of Policy, Procedures, and Training (OPPT)

SUBJECT: Voter Registration Deadlines

The purpose of this Center Director (CD) memorandum is to remind staff of the New York State (NYS) voter registration deadlines. The last day to register to vote in the upcoming Primary Election is Friday, May 28, 2021, and the last day to register to vote in the upcoming General Election is Friday, October 8, 2021. The Primary Election is on June 22, 2021, and the General Election is on November 2, 2021.

Cash Assistance (CA) and Supplemental Nutrition Assistance Program (SNAP) applicants/participants may register to vote by completing a voter registration form, which is available during application, recertification, and anytime a household change is reported.

Staff members who have been designated as Voter Registration Liaisons must mail any collected, and completed (no blanks), voted registration forms to the NYS Board of Elections so that they are postmarked by Friday, May 28, 2021 for the Primary Election, and by Friday, October 8, 2021 for the General Election. The NYS Board of Elections is located at 32 Broadway, 7th Floor, New York, NY 10004.

Applicants/participants may register to vote by using the NYS Agency-Based Voter Registration Form (**NVRA-05**), which is attached to the back of all CA application (**LDSS-2921**), CA recertification (**LDSS-3174**), and Non-Cash Assistance (NCA) SNAP application/recertification (**LDSS-4826**) forms. The **NVRA-05** form can be found on eDocs and is available in English, Spanish, Chinese, Korean, and Bengali.

Applicants/participants may also register to vote by using the NYS Mail-In Voter Registration Form, which is available in English and Spanish. Translations of the form in other languages will be made available at a later time. These forms are available on eDocs under V-2016-Voter.

In addition to registering to vote, applicants/participants can use the NYS Agency-Based Voter Registration Form or the NYS Mail-In Voter Registration Form to record a change in name or address, change political party, or enroll in a party for the first time.

Applicants/participants may also visit <http://voting.nyc/> to register to vote.

Effective Immediately

Related Item: PD 16-15-OPE

Attachments:

Attachment A New York State Mail-In Voter Registration Form (Rev. 01/2019)
NVRA-05 New York State Agency-Based Voter Registration Form (Rev. 02/2015)

cc: FIA Call Center
Code X



New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

Send or deliver this form

Fill out the form below and send it to your county's address on the back of this form, or take this form to the office of your County Board of Elections.

Mail or deliver this form at least **25 days before** the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

বাংলা: আপনি এই ফর্মটি বাংলাতে পেতে চান তাহলে 1-800-367-8683 নম্বরে কোল করুন

It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

Qualifications

1 Are you a citizen of the U.S.? Yes No
If you answer *No*, you cannot register to vote.

2 Will you be 18 years of age or older on or before election day? Yes No
If you answer *No*, you cannot register to vote unless you will be 18 by the end of the year.

For board use only

Your name

3 Last name _____ Suffix _____
First name _____ Middle Initial _____

More information

Items 5, 6 & 7 are optional

4 Birth date

M	M	/	D	D	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 5 Gender _____

6 Phone _____ 7 Email _____

The address where you live

8 Address (not P.O. box) _____
Apt. Number _____ Zip code _____
City/Town/Village _____
New York State County _____

The address where you receive mail

Skip if same as above

9 Address or P.O. box _____
P.O. Box _____ Zip code _____
City/Town/Village _____

Voting history

10 Have you voted before? Yes No 11 What year? _____

Voting information that has changed

Skip if this has not changed or you have not voted before

12 Your name was _____
Your address was _____
Your previous state or New York State County was _____

Identification

You must make 1 selection

For questions, please refer to *Verifying your identity* above.

13 New York State DMV number _____
 Last four digits of your Social Security number x x x - x x - _____
 I do not have a New York State driver's license or a Social Security number.

Political party

You must make 1 selection

Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

14 **I wish to enroll in a political party**

- Democratic party
- Republican party
- Conservative party
- Working Families party
- Green party
- Libertarian party
- Independence party
- SAM party
- Other _____

I do not want to enroll in any political party and wish to be an independent voter

No party



Affidavit: I swear or affirm that

- I am a citizen of the United States.
- I will have lived in the county, city or village for at least 30 days before the election.
- I meet all requirements to register to vote in New York State.
- This is my signature or mark in the box below.
- The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Optional questions

15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

Sign

Date

Address and stamp this section

Your address



Place
First-Class
Stamp
Here

Before mailing,
remove tape,
fold and seal

Your County Board of Elections address (select from below)

<p>New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300</p>	<p>Chenango 5 Court St. Norwich, NY 13815 (607) 337-1760</p>	<p>Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663</p>	<p>Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329</p>	<p>Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765</p>	<p>Putnam 25 Old Route 6 Carmel, NY 10512 (845) 808-1300</p>	<p>Schuyler County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195</p>	<p>Ulster 284 Wall St. Kingston, NY 12401 (845) 334-5470</p>
<p>Albany 32 North Russell Road Albany, NY 12206 (518) 487-5060</p>	<p>Clinton Cnty Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740</p>	<p>Fulton 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12095 (518) 736-5526</p>	<p>Livingston County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090</p>	<p>Onondaga 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312</p>	<p>Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990</p>	<p>Seneca One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760</p>	<p>Warren Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rte. 9 Lake George, NY 12845 (518) 761-6456</p>
<p>Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294</p>	<p>Columbia 401 State St. Hudson, NY 12534 (518) 828-3115</p>	<p>Genesee County Building #1 15 Main St. Batavia, NY 14020 (585) 815-7804</p>	<p>Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231</p>	<p>Ontario 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005</p>	<p>Rockland 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172</p>	<p>Steuben 3 E. Pulteney Sq. Bath, NY 14810 (607) 664-2260</p>	<p>Washington 383 Broadway Fort Edward, NY 12828 (518) 786-2180</p>
<p>Broome Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172</p>	<p>Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032</p>	<p>Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550</p>	<p>Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550</p>	<p>Orange 75 Webster Ave PO Box 30 Goshen, NY 10924 (845) 360-6500</p>	<p>St. Lawrence 80 State Hwy 310 Canton, NY 13617 (315) 379-2202</p>	<p>Suffolk Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500</p>	<p>Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400</p>
<p>Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400</p>	<p>Delaware 3 Gallant Ave. Delhi, NY 13753 (607) 832-5321</p>	<p>Hamilton Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684</p>	<p>Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180</p>	<p>Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274</p>	<p>Saratoga 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249</p>	<p>Sullivan Gov't. Ctr. 100 North St. PO Box 5012 Monticello, NY 12701 (845) 807-0400</p>	<p>Westchester 25 Quarropas St. White Plains, NY 10601 (914) 995-5700</p>
<p>Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285</p>	<p>Dutchess 47 Cannon St. Poughkeepsie, NY 12601 (845) 486-2473</p>	<p>Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102</p>	<p>Nassau 240 Old Country Rd. 5th Fl. PO Box 9002 Mineola, NY 11501 (516) 571-8683</p>	<p>Oswego 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350</p>	<p>St. Lawrence 2696 Hamburg St. Schenectady, NY 12303 (518) 377-2469</p>	<p>Tioga 1062 State Rte. 38 PO Box 306 Owego, NY 13827 (607) 687-8261</p>	<p>Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931</p>
<p>Chautauqua 7 North Erie St. Mayville, NY 14757 (716) 938-4580</p>	<p>Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891</p>	<p>Jefferson 175 Arsenal St. Watertown, NY 13601 (315) 785-3027</p>	<p>Niagara 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040</p>	<p>Otsego Ste. 2 140 County Hwy. 33W Cooperstown, NY 13326 (607) 547-4247</p>	<p>Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388</p>	<p>Tompkins Court House Annex 128 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522</p>	<p>Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135</p>

(Optional) Register to donate your organs and tissues



If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS *Donate Life*™ Registry online at www.donatelife.ny.gov or complete the form below.

You will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.

Last name

First name

Middle Initial Suffix

Address

Apt. Number Zip code

City

Birth date M M / D D Y Y Y Y

Eye color

Email

Gender M F

Height Ft.

DMV or ID NYC #

By signing below,
you certify that you are:

- 16 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to NYS *Donate Life*™ Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

Sign	Date
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NYS Agency-Based Voter Registration Form

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

YES If you checked **YES**, please complete the **VOTER REGISTRATION APPLICATION** below

NO because I choose not to register **OR**

I am already registered at my current address **OR**

I asked for and received a mail registration form

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

_____/_____/_____
Signature Date

Please Print Name

Important!

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.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

যদি আপনি এই ফর্মটি ইংরেজীতে পেতে চান তাহলে 1-800-367-8683 নম্বরে ফোন করুন

Rev. 2/2015

VOTER REGISTRATION APPLICATION (instructions on back)

Yes, I need an application for an Absentee Ballot **Please print or type in blue or black ink** Yes, I would like to be an Election Day worker

1	Are you a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form</small>	2	Will you be 18 years old on or before election day? <input type="checkbox"/> YES <input type="checkbox"/> NO <small>If you answered NO, do not complete this form unless you will be 18 by the end of the year</small>	For Board Use Only	
3	Last Name _____ First Name _____ Middle Initial _____ Suffix _____				
4	Address where you live (do not give P.O. box) _____ Apt. No. _____ City/Town/Village _____ Zip Code _____ County _____				
5	Address where you get your mail (if different than above) _____ P.O. Box, Star Route, etc. _____ Post Office _____ Zip Code _____				
6	Date of Birth _____	7	Sex <input type="checkbox"/> M <input type="checkbox"/> F	8	Telephone (optional) _____ Email (optional) _____
10	The last year you voted _____	Your address was (give house number, street and city) _____		9	ID Number (Check the applicable box and provide your number) <input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number _____ <input type="checkbox"/> I do not have a New York State DMV or Social Security number
	In county/state _____	Under the name (if different from your name now) _____			
11	Political Party I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Independence party <input type="checkbox"/> Republican party <input type="checkbox"/> Women's Equality party <input type="checkbox"/> Conservative party <input type="checkbox"/> Reform party <input type="checkbox"/> Green party <input type="checkbox"/> Other _____ <input type="checkbox"/> Working Families party I do not wish to enroll in a political party <input type="checkbox"/> No party			12	Affidavit: I swear or affirm that <ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I will meet all requirements to register to vote in New York State. This is my signature or mark on the line below. The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. <p>_____/_____/_____ Signature or Mark in ink Date</p>

(Optional) Register to donate your organs and tissues

Last Name			
First Name		Middle Initial	Suffix
Address			
Apt Number	City/Town/Village		Zip Code
Birth Date		Sex	<input type="checkbox"/> M <input type="checkbox"/> F
Eye Color		Height	Ft. In.

By signing below, you certify that you are:

- 18 years of age or older
- Consent to donate all of your organs and tissues for transplantation, research, or both;
- Authorizing the Board of Elections to provide your name and identifying information to DOH for enrollment in the Registry;
- And authorizing DOH to allow access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and hospitals upon your death.



_____/_____/_____
Signature Date

Qualifications for Registration

You Can Use This Form To:

- register to vote in New York State;
- change your name and/or address, if there is a change since you last voted;
- enroll in a political party or change your enrollment.

To Register You Must:

- be a U.S. citizen;
- be 18 years old by December 31 of the year in which you file this form (note: You must be 18 years old by the date of the general, primary, or other election in which you want to vote.);
- be a resident of the County, or of the City of New York at least 30 days before an election;
- not be in jail or on parole for a felony conviction; and
- not claim the right to vote elsewhere.

Important!

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:

NYS Board of Elections

40 North Pearl St, Suite 5

Albany, NY 12207-2729

Telephone: 1-800-469-6872;

TDD/TTY users contact the New York State Relay at 711;

or visit our web site - www.elections.ny.gov

Your decision to register will remain confidential and will be used only for voter registration purposes. Anyone not choosing to register to vote and/or information regarding the office to which the application was submitted will remain confidential, to be used only for voter registration purposes.

Verifying your identity

We will try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you will fill in Box 9.

If you do not have a DMV or Social Security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

To complete this form:

It is a crime to procure a false registration or to furnish false information to the Board of Elections.

Box 9: You must make one selection. For questions refer to Verifying your identity above.

Box 10: If you have never voted before, write "None". If you can't remember when you last voted, put a question mark (?). If you voted before under a different name, put down that name. If not, write "Same".

Box 11: Check one box only. Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.
