CHILD CARE ENROLLMENT FORM

CIRCLE ONE: Day Care, Group Family Day Care, Family Day Care, School-Aged Child Care, Day Camp

Client's Name _____ Case Number _____

Address _____

Telephone Number _____

Provider's Name _____ Telephone Number _____

Location of Care _____

Social Security Number _____ **OR** Tax ID Number _____

List the name, date of birth and amount charged for each child in your care (from this case):

CHILD'S NAME DATE OF BIRTH AMOUNT CHARGED/HR/DAY/WEEK

A) _____

B) _____

C) _____

D) _____

I certify that the amount I am charging subsidized children is not more than the amount charged for non-subsidized children of the same age. I charge non-subsidized families on a (circle one) weekly or daily basis

For each day that care is needed, indicate what time the child(ren) will be dropped off and picked up. This information should be provided for all children listed above.

	DROP-OFF TIME					PICK-UP TIME				
	A	B	C	D	E	A	B	C	D	E
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										
Sunday										

I certify that all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services. I allow the parents or caretakers of the children listed above unlimited and on demand access to their children; to written records regarding their children, and to myself and the premises whenever their children are in care.

Signature of Provider: _____ Date: _____

Signature of Parent: _____ Date: _____

LDSS-3668 (Rev. 11/15)

SHELTER VERIFICATION

Local District Name and Address:	Case Number:	Worker ID:
DUTCHESS COUNTY DEPARTMENT OF COMMUNITY & FAMILY SERVICES 60 MARKET STREET POUGHKEEPSIE NY 12601	Case Name and Address:	

Dear Sir/Madam:

We are currently reviewing the assistance case of the above named person. In order to complete our evaluation of this case, we need information regarding household composition and shelter expenses. This form is for verification purposes only, and does not imply any obligation on the part of this Agency.

Please complete this questionnaire beginning with Section A below. Thank you for your cooperation.

SECTION A: SHELTER DESCRIPTION

	Type of Dwelling (Check One)	
Address: _____	☐ Hotel/Motel	☐ Room in Private Home
City: _____	☐ Apartment (# ____)	☐ Commercial Rooming House Are Meals Included? ☐ Yes ☐ No
Zip Code: _____	☐ House ☐ Trailer	
County: _____	No. of Bedrooms: ____	Is any part of the room rent used for heat or utilities? ☐ Yes ☐ No

SECTION B: HOUSEHOLD COMPOSITION

Number of people living in this rental unit: _____

Names	How long has this person lived here?	Names	How long has this person lived here?

Does anyone listed above have a telephone? ☐ Yes ☐ No Number: _____	Is anyone listed above employed? ☐ Yes ☐ No Name: _____ Employer: _____
Does anyone listed above perform any services for you for which he/she receives a lower rent? ☐ Yes ☐ No If yes, explain: _____	Do you have any employment opportunities for a member of this household? ☐ Yes ☐ No If yes, explain: _____

SECTION C: SHELTER EXPENSES

Rental Amount: $_____ Due: ☐ Weekly ☐ Monthly ☐ Every 2 weeks ☐ Twice a month	Is rent paid up to date? ☐Yes ☐No Last month that rent was paid in full: _____
Name of person(s) paying rent: _____ Name of Tenant of Record: _____ (If different from person paying the rent)	Is rent subsidized? (e.g. HUD) ☐Yes ☐No If yes, amount subsidized: _____ Subsidizing agency: _____

Check the following which are included in the rent:

☐ Heat ☐ Electricity ☐ Hot Water ☐ Air Conditioning ☐ Furniture ☐ Garbage Collection

☐ Stove ☐ Refrigerator ☐ Water/Sewer ☐ Cooking Fuel ☐ Meals ☐ Heating Equipment

If heat is **not included** in rent, check the primary type of fuel used for heating :

☐ Natural Gas ☐ Kerosene ☐ Propane ☐ Coal ☐ Wood ☐ Electricity ☐ Oil

Does the furnace/stove heat:

☐ Only this apartment ☐ Entire House ☐ Other (Specify): _____

Does the tenant pay to you an amount, separate from the rent, for heat or air conditioning?

☐ Yes ☐ No If yes, list monthly amount:_____

If no, does the tenant pay the vendor directly for heat? ☐ Yes ☐ No

Does the tenant pay to you an amount, separate from the rent, for water?

☐ Yes ☐ No If yes, list monthly amount: _____

Does the tenant pay to you an amount, separate from the rent, for other non-heating utilities?

☐ Yes ☐ No If yes, list monthly amount: _____

If tenant pays for non-heating utilities, are there separate meters for the tenant's apartment?

☐ Yes ☐ No

To your knowledge, does anyone that lives outside of the household pay all or part of the rent and/or utilities?

☐ Yes ☐ No If yes, please explain: _____

SECTION D: LANDLORD INFORMATION

Does Landlord live in the same apartment/ rental unit as tenant? ☐ Yes ☐ No	Date Tenant moved in / will move in:
Relationship to Tenant:	Landlord's Name:
Landlord's Address:	Landlord's Telephone Number:
Landlord's Signature:	Landlord's E-mail Address:
Date:	Owner's Name (If different than landlord):
Owner's Address:	Owner's Telephone Number: Owner's E-mail Address:

Low Income Day Care Policy Statement for Parents and Caretakers

You must be employed and working (or engaged in activity approved by the district). The Dutchess County Department of Community and Family Services (DCDCFS) Low Income Day Care can only pay for childcare for your children while you are actually working (or engaged in activity approved by the district) plus a reasonable time to travel to and from work. If there are two parents in the household and one is home on a given day, DCDCFS will not pay for childcare for that day.

You must report all changes immediately. This includes, but is not limited to: changes in employment status from full-time to part-time or the reverse, changes in gross monthly total income (wages, child support, social security or any other earned or unearned income), changes in household composition, changes in address, and changes in providers.

You have the right to choose your own provider, however, if the provider you choose is not a licensed or registered childcare provider, the provider will have to be enrolled by the Child Care Council of Dutchess and Putnam, Inc. (Child Care Council). Providers that are not registered or licensed are often referred to as legally exempt child care providers. You and your provider must complete the OCFS-LDSS-4699 Enrollment Form for Legally Exempt Family Child Care and Legally Exempt In-Home Child Care or OCFS-LDSS 4700 Enrollment Form for Provider of Legally Exempt Group and return the completed form to the Child Care Council. The Child Care Council will determine whether or not the person you selected to care for your child meets the New York State health and safety requirements and can be enrolled. Payments to a childcare provider begin on the date that they are enrolled by the Child Care Council. We can pay legally exempt retroactively to the date of application or the date that you started using the provider (whichever date is later).

If you stop working due to a temporary disability DCDCFS will not pay for your children to attend childcare. If you return to work within six weeks, however, your subsidy will be reinstated.

You will be required to pay a share of your childcare costs. This fee must be paid directly to your provider on a weekly basis.

If you start working in a daycare that your child attends, you cannot provide care for your child at the daycare program. If you do provide care for your child at the daycare program, all payments made during that time will be considered an overpayment Regulation 415.6(e)(4). Non-compliance with any of the above can result in suspension or termination of your childcare subsidy. Collection and/or prosecution will also be pursued, if appropriate.

_____ _____

Parent/Caretaker Signature Date

_____ _____

Parent/Caretaker Signature Date

_____ _____

Worker Signature Date

CHILD CARE EMPLOYMENT QUESTIONNAIRE

Name:_____ Social Security #:_____ (optional)
Phone # :_____

SECTION I – EMPLOYER INFORMATION

Please provide the following information regarding your employer:
Employers Name: _____
Address:_____
Phone:_____
Contact Person:_____

SECTION II – EMPLOYMENT INFORMATION

Please provide the following information regarding your employment:
How many hours are you scheduled to work each week?_____
How many hours per day? _____
How many days per week? _____
What shift are you scheduled to work (i.e. 9:00 a.m.- 5:00 p.m.?)_____
What is your rate of pay per hour?_____
Do you receive tips?_____ Amount: $_____ per _____
Does your employer offer you overtime opportunities?_____
If so, please explain:_____
_____
Approximate travel time to work _____

SECTION III – CHILD CARE INFORMATION

Please provide the following information regarding your child care provider:
Name:_____
Address:_____
Phone:_____
Weekly child care costs:_____

On days when your child/children are not in school, please indicate their times in care: (i.e. 9:00 a.m. – 5:00 p.m.)
_____

On days when your child/children are in school, please indicate their times in care:
(i.e. 7:30 a.m. – 8:30 a.m./3:30 p.m. – 5:00 p.m.) Include part-time childcare costs
_____

The above information is true and accurate. I understand that I must notify my child care subsidy worker of any changes in employment immediately in writing.

Signature:_____ Date:_____

Dutchess County Department of Community and Family Services
60 Market Street
Poughkeepsie, New York 12601

Marcus J. Molinaro
County Executive

Sabrina Jaar Marzouka, JD, MPH
Commissioner

VERIFICATION OF HOUSEHOLD

I, _____ can verify that:

Household members _____

_____

_____

_____

_____

_____

_____

_____

_____

Reside at _____

_____

Signed: _____

Date: _____

Address: _____

_____

_____

Telephone: _____

*** WILL NOT BE ACCEPTED WITHOUT A PHONE NUMBER

*** CANNOT BE COMPLETED BY A FAMILY MEMBER AT ALL

*** ALL PERSONS LIVING IN THE HOUSEHOLD MUST BE LISTED

CHILD CARE SUBSIDY
FACT SHEET

You are only eligible for Child Care Assistance while you are at work and for a reasonable distance of travel time to and from your place of employment to your provider's home.

Listed on your notifications are the maximum market rates authorized for your child(ren). All parents/caretakers must pay a weekly Family Share to their child care provider. Failure to do so may result in the suspension or termination of your Child Care Subsidy.

Maximum Market rate - minus Family Share = DSS subsidy

E.g. $150.00-$50.00 Family Share = $100.00 DSS Subsidy

Weekly rates are ONLY applied when care and employment exceed 3o+ hours per week.

Daily, Part Day and Hourly rates are only authorized when care and employment are less than 30 hours per week.

Weekly rates	30+ hours per week
Daily rates	6-11 hours per day
Part Day rates	3-5 hours per day
Hourly rates	Less than 3 hours a day

Child Care Subsidy Assistance begins the effective date listed on your notification. Any Child Care payment requests prior to that effective date will be denied.

A parent is also responsible for any child care costs above the market rates.

A child care provider can hold the parent responsible for the weekly costs above the market rates in addition to the parent's weekly Family Share.

Child Care Requests For Payment must be completed in full.
The case number and the providers vendor number are located on all client and provider notifications. The Accounting Dept. uses a Monday thru Sunday pay schedule. The provider must place the total monthly amount charged in the total amount charged field. The accounting Dept. will deduct the Family Share from the total monthly amount billed.

MARCUS J. MOLINARO
COUNTY EXECUTIVE

SABRINA JAAR MARZOUKA, JD, MPH
COMMISSIONER

COUNTY OF DUTCHESS

DEPARTMENT OF COMMUNITY AND FAMILY SERVICES

Acknowledgement of Income standards for applicants applying for Low Income Child Care Assistance

I, acknowledge that the Income Standards for Low Income Child Care Assistance is 200% of Federal Poverty Levels based on size of the household.

Signature of Applicant Date

Signature of Worker Date

5/19/16

60 Market Street, Poughkeepsie, New York 12601-3299 • (845) 486-3000 • Fax (845) 486-3090
www.dutchessny.gov

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

APPLICATION FOR CHILD CARE ASSISTANCE

ATTENTION: This application is used to apply ONLY for Category 2 or 3 Child Care Assistance. To apply for Cash Public Assistance or other benefits, including Category 1 Child Care Assistance, you must use the *New York State Application for Certain Benefits and Services* (LDSS-2921).

CASE NAME	CASE #	REGISTRY #	OFFICE	UNIT	WORKER	APP DATE / /

DISTRICT:	CASE TYPE: 40	Services Transaction Type: ☐ New Open ☐ Reopen ☐ Recert.	Disposition: ☐ Denial Reason Code				☐ Withdrawal

SECTION 1. APPLICANT'S INFORMATION

FIRST NAME	M.I.	LAST NAME (Please include any ALIASES or MAIDEN names in parentheses.)	PHONE NUMBER ( ) -

STREET ADDRESS	APT NO.	CITY	STATE	ZIP CODE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APT NO.	CITY	STATE	ZIP CODE

FORMER ADDRESS (IN PAST YEAR)	OTHER PHONE NUMBERS WHERE YOU CAN BE REACHED

Marital status? ☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Primary language? ☐ English ☐ Spanish ☐ Other (specify) **Email (optional):**

SECTION 2. LIST EVERYBODY WHO LIVES WITH YOU, EVEN IF THEY ARE NOT APPLYING WITH YOU. *LIST YOURSELF ON THE FIRST LINE.*

LN	FIRST Name	M. I.	LAST Name (Please include any ALIASES or MAIDEN names in parentheses)	DATE OF BIRTH (MM-DD-YY)	SEX (M/F)	RELATION-SHIP TO YOU	SOCIAL SECURITY NUMBER (SSN) *Optional*	Enter Y (Yes) or N (No) if Hispanic or Latino (Optional) H	Enter Y (Yes) or N (No) for each Race*(Optional) I	A	B	P	W	Does this child need child care? (Y/N)	FOR EACH CHILD in need of child care, answer Yes/No: Child is U.S. Citizen/National or Has Satisfactory Immigration Status?	Does child have a dis-ability?	Do both parents reside in the home?
1						SELF											
2																	
3																	
4																	
5																	
6																	
7																	
8																	

* **Racial Affiliation Codes:** I – Native American or Alaskan Native, A – Asian, B – Black or African American, P – Native Hawaiian or Pacific Islander, W – White

You may use additional pages if you need more room or there is other information that you think we might need.

SECTION 3. OTHER HOUSEHOLD INFORMATION

DO ANY OF THESE APPLY TO YOU OR YOUR SPOUSE/THE OTHER PARENT IF THEY LIVE IN THE HOME? For each of the following, answer YES or NO:		
	☐ YES ☐ NO	Need child care to **work**
	☐ YES ☐ NO	Need child care for **another reason**. Give reason:
	☐ YES ☐ NO	**Homeless** (no fixed, regular, and adequate place to stay at night)
	☐ YES ☐ NO	A parent is on active duty (serving full-time) in the **U.S. Military.**
	☐ YES ☐ NO	A parent is a member of a **National Guard or Military Reserve unit**.
	☐ YES ☐ NO	Receiving or applying for **Cash Public Assistance** through a different application
	☐ YES ☐ NO	Receiving or applying for **other child care funding**. Agency Name:
	☐ YES ☐ NO	**Pregnant**. Due date: / /

SECTION 4. ABSENT PARENT INFORMATION. *List children in need of child care whose parent does not live in the household.*

NAMES OF CHILDREN UNDER 21	ABSENT PARENT'S NAME AND ADDRESS	Is absent parent available to provide care?	If No, give reason.
		☐ Yes ☐ No	
		☐ Yes ☐ No	
		☐ Yes ☐ No	

SECTION 5. APPLICANT'S EMPLOYMENT INFORMATION

EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE	ZIP CODE

Does the job have rotating or variable shifts? ☐ YES ☐ NO Does the job require overtime (O/T)? ☐ YES ☐ NO

Hourly Wage: $	What is a typical work schedule?	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

SECTION 6. OTHER EMPLOYMENT INFORMATION. *Use this section for an applicant's second job or a spouse's/other parent's job (if they live in the home).*

Whose job information (check one)? ☐ Applicant's job ☐ Spouse's job ☐ Other Parent's job

EMPLOYER'S NAME		WORK PHONE ( ) -	START DATE OF JOB / /
EMPLOYER'S ADDRESS	CITY	STATE	ZIPCODE

Does the job have rotating or variable shifts? ☐ YES ☐ NO Does the job require overtime (O/T)? ☐ YES ☐ NO

Hourly Wage: $	What is a typical work schedule?	SUNDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY	
		FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO	FROM	TO

SECTION 7. INCOME INFORMATION

Indicate if you or anyone who is applying with you receives money from:	YES	NO	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)	WHO?	GROSS AMOUNT	PERIOD (week, month, etc.)
Income from work (including wages/salary, overtime, commissions, training programs, tips)	☐	☐						
Net Self-Employment Income	☐	☐						
Child Support Payments (received)	☐	☐						
Alimony/Spousal Support (received)	☐	☐						
Unemployment Insurance Benefits, Workers' Comp	☐	☐						
Social Security Benefits (including SSI)	☐	☐						
Disability Benefits (NYS, VA, Private)	☐	☐						
Rental/Boarder/Lodger Income (received)	☐	☐						
Dividends/Interest - Stocks, Bonds, Savings	☐	☐						
Pensions/Annuities	☐	☐						
Cash Public Assistance (PA) Grant, Safety Net Benefits	☐	☐						
Other (Please specify.)	☐	☐						

SECTION 8. TRAVEL TIME BETWEEN CHILD CARE PROVIDER AND WORK/EDUCATIONAL/OTHER APPROVED ACTIVITY.

DROP-OFF	**Travel time from the child care provider to work/activity?**		**Public Transportation?** ☐ YES ☐ NO
PICK-UP	**Travel time from work/activity to the child care provider?**		**Public Transportation?** ☐ YES ☐ NO

SECTION 9. CHILD CARE PROVIDER INFORMATION

PROVIDER NAME AND ADDRESS	NAMES OF CHILDREN	ALREADY ENROLLED?	
		☐ Yes	☐ No
		☐ Yes	☐ No
		☐ Yes	☐ No

SECTION 10. CHILD'S SCHOOL INFORMATION. *List all children enrolled in school*

SCHOOL NAME AND ADDRESS	NAMES OF CHILDREN	ATTENDANCE HOURS	
		START TIME	END TIME

SECTION 11. NOTICES. READ THE IMPORTANT CERTIFICATIONS AND CONSENTS BELOW.

CHANGE REPORTING – I understand that by signing this application form I agree to inform the agency **immediately** of any change in my needs, income, living arrangement, or address to the best of my knowledge or belief. I agree to inform the agency immediately of any change in child care arrangements, including where child care is provided, who is providing care, provider's fees, and hours for which child care is needed.

PENALTIES – Federal and state laws provide for penalties, including fines, imprisonment, or both if you do not tell the truth when you apply for Child Care Assistance or when you are questioned about your eligibility, or if you cause someone else not to tell the truth regarding your application or continuing eligibility. Penalties also apply if you conceal or fail to disclose facts regarding your initial or continuing eligibility for Child Care Assistance; or if you conceal or fail to disclose facts that would affect the right of someone, for whom you have applied, to obtain or continue to receive Child Care Assistance. If you are the authorized representative applying on behalf of someone else, Child Care Assistance must be used for that person and not yourself. It is unlawful to obtain Child Care Assistance by concealing information or providing false information.

CITIZENSHIP – By signing this application, I swear and/or affirm that all the children needing Child Care Assistance are United States citizens or nationals, or persons with satisfactory immigration status. I understand that this information will only be shared to make decisions about the Child Care Assistance Program, and that the United States Citizenship and Immigration Services may be contacted if more information is needed to verify the children's status.

CONSENT FOR INVESTIGATION – I understand that by signing this application form I agree to cooperate fully with any investigation to verify or confirm the information I have given or any other investigation in connection with my request for Child Care Assistance. I will provide additional information if it is requested.

RESOURCES – I certify that my family resources do not exceed $1,000,000. Resources include, but are not limited to, cash, bank accounts, real estate, stocks, bonds, mutual funds, IRAs, 401(k) accounts, life insurance, trust accounts, annuities, burial funds/spaces.

NON-DISCRIMINATION – This application will be considered without regard to race, color, sex, disability, religious creed, national origin or political belief.

SECTION 12. CERTIFICATION AND SIGNATURE

CERTIFICATION: I swear and/or affirm under the penalties of perjury that all of the information I have given or will give to the local department of social services relating to Child Care Assistance is correct. I have read and understand the notices above. I understand and agree to the consents.

APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED	SECOND APPLICANT'S/REPRESENTATIVE'S SIGNATURE	DATE SIGNED
X	/ /	X	/ /
PRINT NAME:		**PRINT NAME:**	

RETURN YOUR APPLICATION TO: THE LOCAL DEPARTMENT OF SOCIAL SERVICES (LDSS) OF THE COUNTY THAT YOU LIVE IN.

FOR AGENCY USE ONLY:

CASE NAME	CASE #	REGISTRY #	VERSION #	RE-USE INDICATOR ☐	DISTRICT: CASE TYPE: 40	DATE / /

SERVICES TRANS TYPE: ☐ New Open ☐ Reopen ☐ Recert.	Disposition: ☐ Denial	Reason Code				☐ Withdrawal

ELIGIBILITY DETERMINED BY	DATE / /	ELIGIBILITY APPROVED BY	DATE / /

CHILD CARE AUTHORIZATION FROM DATE / /	CHILD CARE AUTHORIZATION TO DATE / /	COMMENTS:

L1 CIN:	L4 CIN:	L7 CIN:
L2 CIN:	L5 CIN:	L8 CIN:
L3 CIN:	L6 CIN:	L9 CIN:

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 으로 전화 하십시오. **1-800-367-8683**

যদি আপনি এই ফমটি ইংরেজীতে পেত ে 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?** ☐ **YES** ☐ **NO** If you answered **NO**, do not complete this form	**2**	**Will you be 18 years old on or before election day?** ☐ **YES** ☐ **NO** If you answered **NO**, do not complete this form unless you will be 18 by the end of the year	**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 ☐ **M** ☐ **F**	**8** Telephone (optional) / Email (optional)
10	The last year you voted / Your address was (give house number, street and city) / In county/state / Under the name (if different from your name now)	**9**	**ID Number** (Check the applicable box and provide your number) ☐ New York State DMV number _____ ☐ Last four digits of your Social Security number _____. ☐ I do not have a New York State DMV or Social Security number	
11	**Political Party** **I wish to enroll in a political party** ☐ Democratic party ☐ Republican party ☐ Conservative party ☐ Green party ☐ Working Families party ☐ Independence party ☐ Women's Equality party ☐ Reform party ☐ Other _____ **I do not wish to enroll in a political party** ☐ No party	**12**	**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 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. Signature or Mark in ink _____ Date ___/___/___	

(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 ☐ M ☐ 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.

DONATE LIFE New York State

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.
