

Voting Information Sheet

Resident/Tenant's Name: _____

Circle Resident/Tenant's Choice:

Do they wish to vote in elections: YES NO

What type of elections do they want to vote in? Presidential Primaries Local All

How do they wish to vote: Absentee Ballot In-Person at the Polls In the Facility

Supports/Information Needed:

If they wish to vote at the polls do they need transportation arranged? YES NO

Who will be responsible for transportation if needed? _____

Where is their polling place located? _____

Is their voter registration current with the address of the health facility? YES NO

If not current, do they want assistance updating their registration? YES NO

Who will help? _____

Does the resident/tenant need assistance with voting due to vision impairment or difficulty writing?

YES NO

Who will help? _____

If they have a guardian does it specifically state in the guardianship papers that they are not eligible to vote?

YES NO

Completed by _____ Date _____