SCDHHS Voter Registration Services



Dear Applicant / Beneficiary,

In addition to offering Medicaid services, South Carolina Healthy Connections can also help you register to vote or update your voter registration information. This is a free service, and your decision to participate or not will not have any impact on your Medicaid eligibility or the quality of service you receive from this office. A Voter Registration Application and a Voter Registration Declination form are included with this letter.

Fill out the Voter Registration Application if...

- You have never registered to vote in South Carolina before.
- You have changed your legal address since you last registered to vote. Then return it to one of the following locations:
 - Your County Board of Voter Registration (address and contact information may be found at https://www.scvotes.org/south-carolina-voter-registration-information or by calling 1-803-734-9060).
 - Your local Department of Motor Vehicles (address and contact information may be found at http://www.scdmvonline.com/dmvnew/offloclist.aspx or by calling 1-803-896-5500).
 - Your local SC DHHS Eligibility Office (address and contact information may be found at https://www.scdhhs.gov/site-page/where-go-help or by calling 1-888-549-0820).

Fill out the Voter Registration Declination if...

- You are registered to vote at your current address.
- You do not want to register to vote at this time. Then return it to...
 - Your local SC DHHS Eligibility Office (address and contact information may be found at https://www.scdhhs.gov/site-page/where-go-help or by calling 1-888-549-0820).
 - * Voter Registration Declination forms will not be connected with your Healthy Connections file in any way. Returning the form will simply help us verify that this service is being consistently offered to applicants and beneficiaries.

If you need any help or have questions, please contact the Healthy Connections Member Services Center at 1-888-549-0820, or call or visit your local eligibility office. We will be happy to help you.

STATE OF SOUTH CAROLINA Application for Voter Registration

									l purposes of any unauth			ty Numbe	r does not	
CHECK ONE: New registration in county Change in current registration							tion							
NAME	Last	,				First					MI	Suf	fix	
SEX	Male Female		ACE	Black/A	African rican Asian	Hispani	Other Hispanic Specify			SOC	SOCIAL SECURITY NUMBER			
ADDRESS WHERE YOU LIVE MAILING ADDRESS (if different from above)		Street				į.	Apt Number State		Inside City Limits Yes No Zip Code					
		Street	Street or Post Office Box											
			City							Zip Coo	1e	1	sydd fa	
	HDATE	Month		Year	PHONE	# Hon	ne			Work			= =	
	VIOUS [RATIO]	N Precin	ct		County				State			Ť		
I swear or affirm that: -I am a United States citizen -I will be at least 18 years old on or before the next election -I am a resident of South Carolina, this county and precinct -I am not under a court order declaring me mentally incompetent -I am not confined in any public prison resulting from a conviction of a crime -I have never been convicted of a felony or offense against the election laws OR if previously convicted, I have served my entire sentence, including probation or parole, or I have received a pardon for the conviction. -The address listed above is my only legal place of residence and I claim no other place as my legal residence								*	your house in relation to local landmarks such as schools, churches, stores, etc. Be sure to label the streets or roads.					
	all, willful				n) falsely in		oath requi							
	ne to regist				ur the pains a						11			
					in which the registration			itted	U	I				
					For Reg	gistration	Board U	se Only	′					
City	Mail City	Mail Co.	Township	Precinct	House	Senate	Co. Council	School	City Cncl.	Cong.	Watershed		192	
													3.	
☐ Approved By , 20														
Member, Board of Voter Registration								Date						



SOUTH CAROLINA VOTER REGISTRATION DECLINATION FORM

	u are not registered to vote when ter to vote here today?	re you live now, would you	ou like to apply to
	Yes	No	
		Already registered to vote	
		Will use vote registration b	y mail application
•	Applying to register or declining of assistance that you will be pro-		affect the amount
•	If you do not check either box, y register to vote at this time.	you will be considered to h	nave decided not to
•	If you would like help filling ou will help you. The decision whe fill out the application form in pro-	ther to seek or accept help	
•	If you register to vote, informatio was submitted will remain confipurposes.		***
•	If you decline to register to vote, used only for voter registration p		confidential and be
	Signature of Applicant/De	eclinee	Date

If you believe that someone has interfered with your right to register to vote or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, you may file a complaint with the following:

Executive Director S.C. Election Commission P.O. Box 5987 Columbia, S.C. 29250 803.734.9060

