

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.

SOUTH CAROLINA VOTER REGISTRATION MAIL APPLICATION

SOUTH CAROLINA
ELECTION COMMISSION

Registration Number

Are you a citizen of the United States of America? Yes <input type="checkbox"/> No <input type="checkbox"/> Will you be 18 years of age on or before election day? Yes <input type="checkbox"/> No <input type="checkbox"/> If you checked 'NO' in response to either of these questions, DO NOT complete this form.					Check One: <input type="checkbox"/> New Registration <i>(Check above if moving from one county to another)</i> <input type="checkbox"/> Address or name change within the same county				
NAME		Last		First		MI	Suffix		
SEX	Male <input type="checkbox"/>	RACE	White <input type="checkbox"/>	Black/African American <input type="checkbox"/>	Asian <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Native American <input type="checkbox"/>	Other Specify _____ <input type="checkbox"/>	
	Female <input type="checkbox"/>		SOCIAL SECURITY NUMBER *						
ADDRESS WHERE YOU LIVE <small>(Physical Address)</small>		Street			Apt Number		Inside City Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		
		City			State	Zip Code		Would you like to be a poll worker? Yes <input type="checkbox"/> No <input type="checkbox"/>	
MAILING ADDRESS <small>(if different from above)</small>		Street or Post Office Box							
		City			State	Zip Code			
BIRTHDATE		Month	Day	Year	PHONE #	Home () ()		Work () ()	
PREVIOUS REGISTRATION/NAME		Precinct		County		State	Previous Name		

Voter Declaration – (read and sign below)

I swear or affirm that:

- I am a citizen of the United States of America
- I will be 18 years of age on or before Election Day
- 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

If you do not have a street name or number, draw a diagram of the area in which you live. Show your house in relation to local landmarks such as schools, churches, stores, etc. Be sure to label the streets or roads.

Attach ID Here

Signature _____

Date of Application _____

Whoever shall, willfully and knowingly, swear (or affirm) falsely in taking any oath required by law shall be guilty of perjury and, on conviction, incur the pains and penalties of the offense.

ID Required: If you are registering for the first time in this county, you **must** attach a copy of a current valid photo ID **or** a copy of a current utility bill, bank statement, paycheck or other government document that shows your name and address in this county. If you do not provide this identification now, you will be required to provide this information when you vote. Voters who are age 65 and over, voters with disabilities, members of the U.S. Uniformed Services or Merchant Marines and their families, and U.S. Citizens residing outside the U.S. are exempt from this requirement.

Check here if you are exempt.

* Social Security Number (SSN) is required by the S.C. Code of Laws 7-5-170. Applications containing only the last four digits of your SSN will not be rejected. Your SSN is used for internal purposes only and eliminates multiple registrations by a single individual. Your SSN is not released to any unauthorized individual.

For Voter Registration Board Use Only

scVOTES.org

Approved Disapproved by _____ (Member, Voter Registration Board) Date _____

SOUTH CAROLINA

ELECTION COMMISSION

SOUTH CAROLINA

VOTER REGISTRATION DECLINATION FORM

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

Yes

No

Already registered to vote

Will use vote registration by mail application

- 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 do not check either box, you will be considered to have decided not to register to vote at this time.
- 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.
- If you register to vote, information regarding the office in which the application was submitted will remain confidential to be used only for voter registration purposes.
- If you decline to register to vote, that decision will remain confidential and be used only for voter registration purposes.

Signature of Applicant/Declinee

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