Helping Your Patient Vote:

Guidance for Clinicians and Coordinators



Election Day is Tuesday, March 5, 2024



RIGHTS & RESPONSIBILITIES

The right to vote is essential to a well-functioning democracy. Exercising that right can be challenging for the voters in your care. Mobility issues, cognitive impairment, and lack of family support are just a few of the issues that may create barriers to civic engagement.

As professional caregivers, you have a responsibility to care for your patients. This responsibility extends beyond their physical needs. Caring includes informing and empowering them so they can participate in society to the fullest extent possible.

This guide outlines how to assist qualified patients who want to vote in the upcoming election - from registering to vote and obtaining a ballot through confirming their ballot was accepted.

Thank you for your partnership and your commitment to providing holistic care for our most vulnerable citizens.

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IS YOUR PATIENT REGISTERED?



Beginning 29 days before Election Day, a ballot is sent to the mailing address on file for all registered voters.

If your patient has not received their ballot, they are either not registered or it has been mailed to their home address.

Registered voters may call (916) 875-6155 to request a replacement ballot be mailed to their current location beginning two weeks before Election Day.

To vote in the election, patients must be registered by the deadline. For a list of dates and deadlines, see Appendix A.

Help patients check their registration status:



QUALIFICATIONS TO REGISTER TO VOTE:

- A United States citizen and resident of California
- 18 years of age or older on Election Day
- Not currently imprisoned for the conviction of a felony
- Not currently found mentally incompetent to vote by a court

OPTIONS FOR REGISTERING TO VOTE:

- Register online at
 www.registertovote.ca.gov. The voter signature on file with the DMV will be used as the voter's signature of record
- Complete and return a Voter Registration Form. For detailed instructions, see Appendix B

registertovote.ca.gov

TO PICK UP BALLOTS AT THE ELECTIONS OFFICE:

- Complete one Authorization for Mail Ballot Pick-Up (Appendix D) for each voter requiring a ballot
 - Verify patient is registered
 - The voter must sign Section 3
 - You must sign Section 4
- Bring completed forms to:

VOTER REGISTRATION & ELECTIONS 7000 65TH ST STE A SACRAMENTO, CA 95823

 Front Counter staff will prepare a ballot packet for each registered voter's signed application



OBTAINING BALLOTS <u>& ASSISTING VOTERS</u>



IF THE VOTER NEEDS HELP MARKING THEIR BALLOT:

- Listen to what the voter is saying (verbally & non-verbally)
- Speak clearly and respectfully
- Read the ballot in a way the voter can understand
- Never express your opinion
- You may not withhold or give inaccurate information
- Don't pressure the person to vote on every item - it is okay to leave contests blank
- Make sure you understand clearly what the person wants

If your facility has an internet connection, computer or tablet, and a printer - your patient may prefer to use the Remote Accessible Vote by Mail System to access and mark their Vote by Mail ballot.

WHAT IS REMOTE ACCESSIBLE VOTE BY MAIL (RAVBM)?

RAVBM is a web-based system that allows registered voters to access, mark, and print their ballots privately and independently.

BENEFITS AND FEATURES OF RAVBM:

Ballot Access:

 Voters can download, mark and print their correct ballot

Accessibility:

 Compatible with all major screen readers, tactile switches, closed captioning, and sip and puff systems

Voter Privacy:

 Ensures privacy by allowing voters to mark their ballots without storing or transmitting their selections

Compatibility:

 Capable of running on any current web browser - no downloads or install

WHEN TO VOTE WITH RAVBM

- Access the service anytime, day or night, starting 29 days before an election
- Access, mark, and return your ballot before 8 p.m. on Election Day

HOW TO VOTE WITH RAVBM

- 1. Request a ballot access link by contacting us or visiting our website: elections.saccounty.gov/Pages/access iblevbm.aspx
- 2. **Mark your ballot** by opening the link and following the prompts
- 3. **Review and print your ballot** by checking for and correcting errors, then downloading and printing
- 4. **Seal and sign the ballot envelope** use the pink postage paid envelope or the origami envelope template and <u>sign</u> before returning it
- 5. **Return your ballot** by mail, at any Official Ballot Drop Box, or at any Vote Center in Sacramento County

DEMONSTRATION SITE

Using the QR code, voters can practice using a DEMO version of the system.



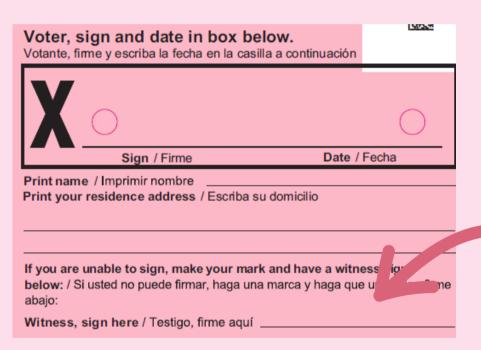


REMOTE
ACCESSIBLE
VOTE BY MAIL

Under California law, any voter unable to return their ballot may designate another person to return their ballot for them (EC § 3017). Your patients may require help.

You can return as many ballots as are entrusted to you, but you must return them within three days of receiving them or before the close of the polls on Election Day.

The **VOTER MUST SIGN** their envelope in order for their ballot to be counted. Make sure each envelope has a signature before returning. If the voter is unable to sign, they may make their mark in the box and you can sign on the designated witness line.



Ballots may be returned by mail (no postage necessary) or to any Vote Center, or Official Ballot Drop Box throughout Sacramento County. For a complete list of Vote Centers and Official Ballot Drop Boxes, visit our website at <u>elections.saccounty.gov</u>.

If returning by mail, ensure ballots are deposited in a USPS mail collection box the day before Election Day to ensure a timely postmark.





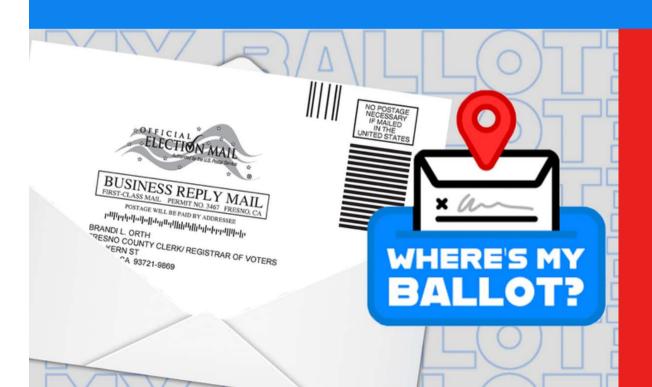
Tracking your Vote by Mail ballot - when it is mailed, received, and accepted - has never been easier. The California Secretary of State is now offering **Where's My Ballot?** - a way for voters to track and receive notifications on the status of their Vote by Mail ballot. Powered by BallotTrax, **Where's My Ballot?** allows voters to know where their ballot is, and its status, every step of the way.

Sign up at <u>wheresmyballot.sos.ca.gov</u> to receive automatic email, SMS (text), or voice call notifications about your ballot.

Don't want to sign up for alerts? You can check that your ballot was received and accepted for counting using **My Voter Portal (MVP)** on our website!



TRACKING BALLOT STATUS



CONTACT US

WITH QUESTIONS OR REQUESTS FOR MATERIALS, SUCH AS:

- VOTE BY MAIL RETURN ENVELOPES
- STATE VOTER INFORMATION GUIDES
- COUNTY VOTER INFORMATION GUIDES IN ALTERNATE FORMATS (LARGE PRINT OR AUDIO)

SUPPLIES AND RESOURCES ARE LIMITED. WE WILL MAKE OUR BEST EFFORT TO ACCOMODATE.



(916) 875-6155



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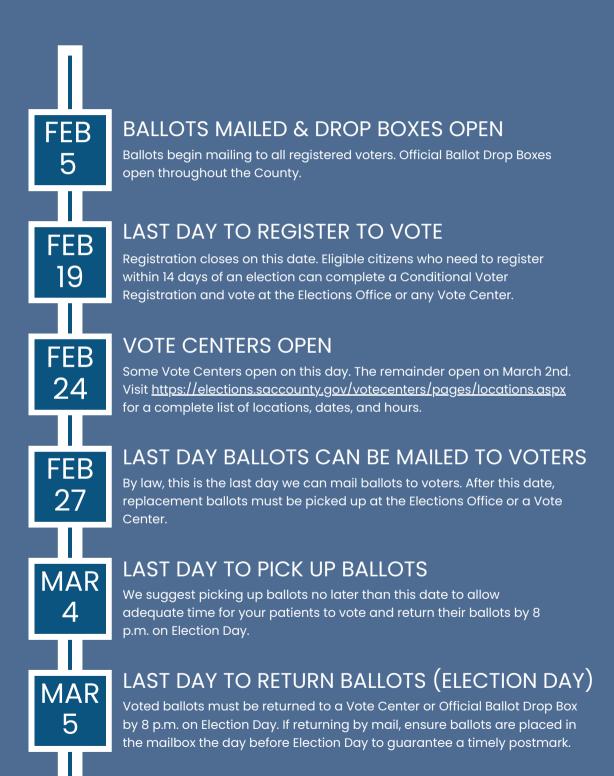


ELECTIONS.SACCOUNTY.GOV





Election Dates & Deadlines



VOTER REGISTRATION FORM INSTRUCTIONS COMPLETING AND RETURNING VOTER REGISTRATION FORMS

COMPLETING THE FORM: To avoid a delay in processing your form, make sure the form is valid and accepted by completing the bold sections below. Leaving these sections blank may cause a delay in processing your form.

YOU MAY ALSO REGISTER TO VOTE AT REGISTERTOVOTE.CA.GOV

SECTION 1 - QUALIFICATIONS: Be sure to check both boxes if they apply. Your form cannot be processed if the U.S. citizenship box is not checked.

SECTION 2 - LEGAL NAME: We recommend you register to vote under the same name as shown on your driver's license.

SECTION 3 - IDENTIFICATION: If you have a California Driver's License, identification card number, or a Social Security number, write the information here. If you do not have either, you may leave the fields blank.

SECTION 4 - RESIDENTIAL ADDRESS: You must provide a street address at which you live. Include the apartment, unit space, or building number/letter if it applies to your address. If you do not have a street address, you may give an exact description of where you live. Make sure to include cross streets, route, etc. You may not use a P.O. Box or Mail Drop as your residence address.

SECTION 5 - MAILING ADDRESS: If your mailing address is different from your residence address, provide your mailing address. Any address can be used as a mailing address which includes a P.O. Box or Mail Drop.

SECTION 6 - REGISTRATION HISTORY: Complete the registration history section if you were previously registered.

SECTION 7 - VOTE BY MAIL: Under the Voter's Choice Act, every voter will automatically be sent a Vote by Mail ballot, however, you are not required to use it. Every voter also has the option to go to a Vote Center and vote in-person instead.

SECTION 8 - POLITICAL PARTY: If you prefer to not select a political party, you may check the "No Party/None" box. Leaving this field blank will automatically default your political party preference to "No Party Preference."

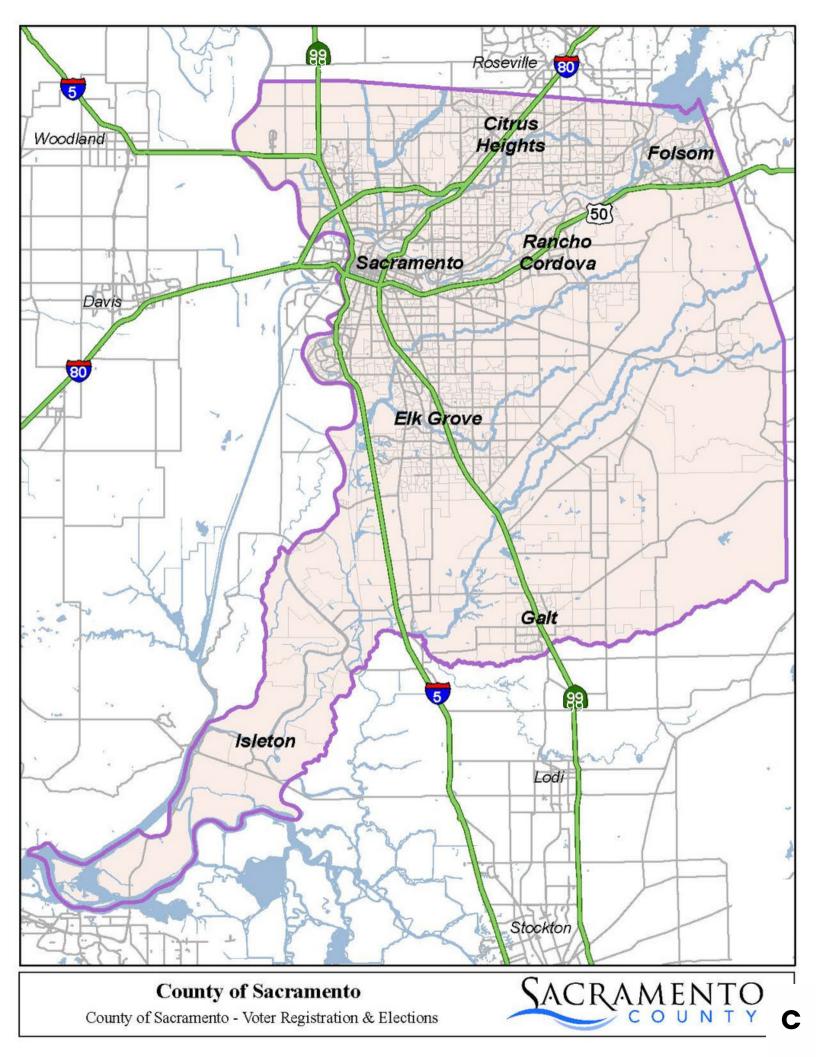
SECTION 9 - OPTIONAL VOTER INFORMATION: The information in this section is optional.

SECTION 10 - AFFIDAVIT: Sign and date your form. Your form must be signed in order to be processed and approved.



RETURNING THE REGISTRATION FORM:

- Tear off and keep the bottom portion of the form as your receipt. Once processed, you will receive a voter notification card in the mail.
- Forms may be mailed and must be postmarked by the registration deadline (15 days before an election).
- You may return the form in-person at the Elections Office.
- If you are returning a form on behalf of the voter, you must return it within 3 days of receiving it.





COUNTY OF SACRAMENTO VOTER REGISTRATION AND ELECTIONS

AUTHORIZATION FOR MAIL BALLOT PICK-UP

1. VOTER INFORMATION					
			1	1	
First Name	Middle Name	Last Name	Date o	f Birth	
Residence Address		City	State	Zip	
2. BALLOT LANGUAGE PREFERENCE					
I am requesting a ballot in the following language combination: English/Spanish English/Chinese English/Vietnamese Optional: I wish to update my language preference on file. My preferred language to receive future election materials in is:					
3. VOTER OATH AND SIGNATURE					
I declare under penalty of perjury that this information is true and correct. I authorize the bearer of this request to pick up my ballot and deliver it to me:					
Signature of Voter (Do	o Not Print)	Date	Daytime P	hone	
4. ACKNOWLEDGMENT OF RECEIPT BY AUTHORIZED REPRESENTATIVE					
I,, certify that I will deliver and/or return the ballot of the voter whose name appears on the ballot envelope:					
Signature of Authorize	ed Representative (Do Not P	rint) Date	Daytime P	hone	
FOR OFFICIAL USE ONLY: This authorization for mail ballot pick-up was processed at Vote Center #					

This application is provided pursuant to California Election Code §3014

Planning to Vote?

We can help you:

Register to Vote
Obtain & Mark Your Ballot
Return & Track Your Ballot



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