





# Assistance to Voters

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- Some voters have signed up with the ROV requesting to have assistance in voting
- To determine if the voter has signed up for voting assistance, check to see if there is a letter “Y” in the “ASST” column



Barcode	Address DOB Mother's Maiden Name	Lockout Districts	S E X	R A C E	A S S T	P R T Y
			F	O	Y	DEM
 2017696			F	W		DEM
 1964839			F	W		REP

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## Different ways a voter is eligible for assistance

- If the voter is signed up with the **ROV** requesting assistance
- If the voter has a **mobility impairment photo ID** (Reminder: A mobility impairment ID cannot be used solely to identify a voter)
- If the voter provides a **current physician's certificate** stating that he or she needs assistance. **Take this note from the voter and put it in the pink ROV envelope.**

**Louisiana Voter Registration Application**  
(LA-VRA - Rev. 6/15)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS • QUESTIONS? Call our public helpline at (504) 389-1111 or visit the Secretary of State at (504) 463-2300 or (504) 622-2665.

PERSONAL INFO: LAST NAME, FIRST, MIDDLE, PREFIX, SUFFIX

ELIGIBILITY: Are you a citizen of the United States of America?  Yes  No. Do you intend to become a citizen of the United States, or are you eligible to do so?  Yes  No. Are you at least 18 years of age on or before election day?  Yes  No.

REASON FOR APPLICATION:  New Voter Registration  Updating Voter Registration

NAME: LAST NAME, FIRST NAME, PREFIX, SUFFIX

ADDRESS: HOUSE NO., STREET NAME, CITY, STATE, ZIP CODE. (Check the proper service at your residence address above and supply mailing address here.)

MAILING ADDRESS: HOUSE NO., STREET NAME, CITY, STATE, ZIP CODE.

DATE OF BIRTH: MONTH, DAY, YEAR. SEX:  Male  Female. RACE:  WHITE  BLACK  CAUCASIAN  HISPANIC  AMERICAN INDIAN

PARTY AFFILIATION:  DEMOCRATIC  REPUBLICAN  LIBERTARIAN  GREEN PARTY  OTHER

MOTHER'S MAIDEN NAME: LAST NAME, FIRST NAME, MIDDLE NAME, SUFFIX

LA DLDR CARD #

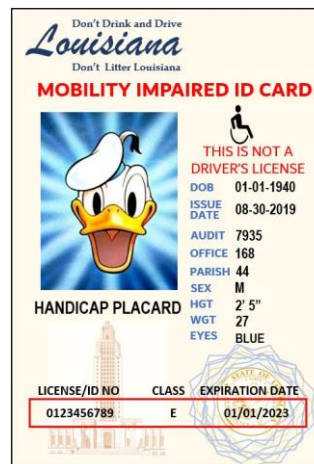
LAST RESIDENCE ADDRESS: HOUSE NO., STREET NAME, CITY, STATE, ZIP CODE. (Place of birth, if different from above.)

REGISTRATION STATUS:  Registered  Not Registered

WITNESSES: Signature of applicant, Signature of witness, Signature of witness.

DECLARATION: I am a citizen of the United States of America. I am at least 18 years of age on or before election day. I am eligible to do so. I am not under any legal disability that would prevent me from voting. I am not a convicted felon. I am not a person who has been declared incompetent by a court of law. I am not a person who has been declared incompetent by a court of law. I am not a person who has been declared incompetent by a court of law.

PROVIDED BY THE LOUISIANA SECRETARY OF STATE APPROVED BY THE LOUISIANA ATTORNEY GENERAL



**Physician's Statement and Clearance Form**

Requested for: \_\_\_\_\_ DR: \_\_\_\_\_

Employee Name: \_\_\_\_\_ DR: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physician's Information:

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

For the Physician: Please initial the statement that reflects your evaluation of the above listed person's fitness for participation in an exercise program.

I concur with my patient's participation, if he/she restricts activities to moderate levels.

I DO NOT concur with my patient's participation. He/she is not medically acceptable to participate and should not be permitted to exercise in your facility at this time.

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Testing Physician's Signature: \_\_\_\_\_ DPM: \_\_\_\_\_

Please Fax This Certificate Form to:  
CentralPhase Energy Wellness Center  
(713) 207-0880  
Wellness@centralphaseenergy.com  
For questions, please contact The WEC Staff at (713) 207-8800

# ***Assistance to Voters***

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## **Different ways a voter is eligible for assistance**

- If a voter claims to be unable to read, a statement to this fact can be created on election day. The voter will sign or make his/her mark on this statement and will then be allowed assistance in voting.
- If the voter has a letter showing eligibility for social security disability benefits, veteran's disability benefits, para-transit services as well as eligibility for benefits from the Office for Citizens with Developmental Disabilities or Louisiana Rehabilitation Services
- If a voter has a service animal, they should have a service vest and must be permitted in the precinct

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## Prohibited People for Assisting Voters

1. Candidate
2. Commissioner-in-Charge  
(a Commissioner is allowed but it is not recommended)
3. Employer or employer's agent
4. Union agent



- A visibly disabled voter (and whoever is helping him) is allowed to go to the front of the line
- Please call the COC **(985) 809-8700** with any questions regarding assistance in voting

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B. If there is no "Y" in "ASST" column in the precinct register, but the voter is authorized by the commissioner to receive assistance either because the voter is unable to read or has a physical disability with supporting documentation discussed in *Section 7.12 Disability Documentation*, the commissioner checks the box indicating that there is no "Y" in the "ASST" column, but the voter was allowed assistance.

Barcode	Address DOB   Mother's Maiden Name	Lockout Districts	SEX	RACE	ASST	PARTY
			F	O	Y	DEM
			F	W		DEM

Assistance to Voters					
Ward:	Precinct:	PctBallot:	Election Date:	Parish:	Page:
No 'Y' in ASST Column for Voter	Print Voter's Name	Print Assistant's Name	Signature of Assistant		
<input type="checkbox"/>	Jon Williams	Glenn Helpsalot	<i>Glenn Helpsalot</i>		
<input type="checkbox"/>	James Jones	Henry White	<i>Henry White</i>		
<input checked="" type="checkbox"/>	Saul Rosenberg	Sammy Watts	<i>Sammy Watts</i>		

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D. A voter who is physically disabled is entitled to assistance without having previously registered for assistance if, on election day, the voter completes and signs a **Voter Assistance Form (VAF)** form

VOTER ASSISTANCE FORM		
STATE OF LOUISIANA		
PARISH OF	<u>East Baton Rouge</u>	WARD/PRECINCT <u>15/28</u> VOTER REGISTRATION # <u>18256456</u>
SECTION 1: VOTER'S INFORMATION:		
I, the undersigned voter, hereby attest that I have a physical disability and require assistance in voting.		
Voter's Name:	<u>John Doe</u>	
Voter's Address:	<u>876 North Blue St.</u>	<u>Baton Rouge</u> <u>70819</u>
	<small>(street)</small>	<small>(city) (zip code)</small>
Voter's DOB:	<u>April 5, 1986</u>	La. DL/ID # or last four of SSN: <u>000065444</u>
	<small>(mm/dd/yyyy)</small>	
Do you want to change your registration to indicate that you require assistance in voting? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Signature of Voter:	<u>John Doe</u>	Date: <u>10/14/2017</u>
SECTION 2: COMMISSIONER SIGNATURE:		
Signature of Commissioner:	<u>Martha Stewart</u>	Date: <u>10/14/2017</u>
Print Commissioner Name:	<u>Martha Stewart</u>	
DISPOSITION: PLACE COMPLETED FORM IN REGISTRAR OF VOTERS (ROV) ENVELOPE		
<small>Prepared and furnished by Secretary of State</small>	<small>Approved by the Attorney General</small>	<small>Voter Assistance Form (VAF) (Rev 06/19)</small>

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- The person's name who assists the voter must be documented on the page behind the tab marked "Assistance to Voter." The assistant must sign his name in the signature space.
- **CAREFUL!** Never tell a voter he cannot vote, just that he cannot have assistance in the voting booth. Please be sensitive to voters with an obvious disability!

Assistance to Voters					
Ward:	Precinct:	PctBallot:	Election Date:	Parish:	Page:
No 'Y' in ASST Column for Voter	Print Voter's Name	Print Assistant's Name	Signature of Assistant		
1 <input type="checkbox"/>	Jon Williams	Glenn Helpsalot	<i>Glenn Helpsalot</i>		
2 <input type="checkbox"/>	James Jones	Henry White	<i>Henry White</i>		
3 <input checked="" type="checkbox"/>	Saul Rosenberg	Sammy Watts	<i>Sammy Watts</i>		