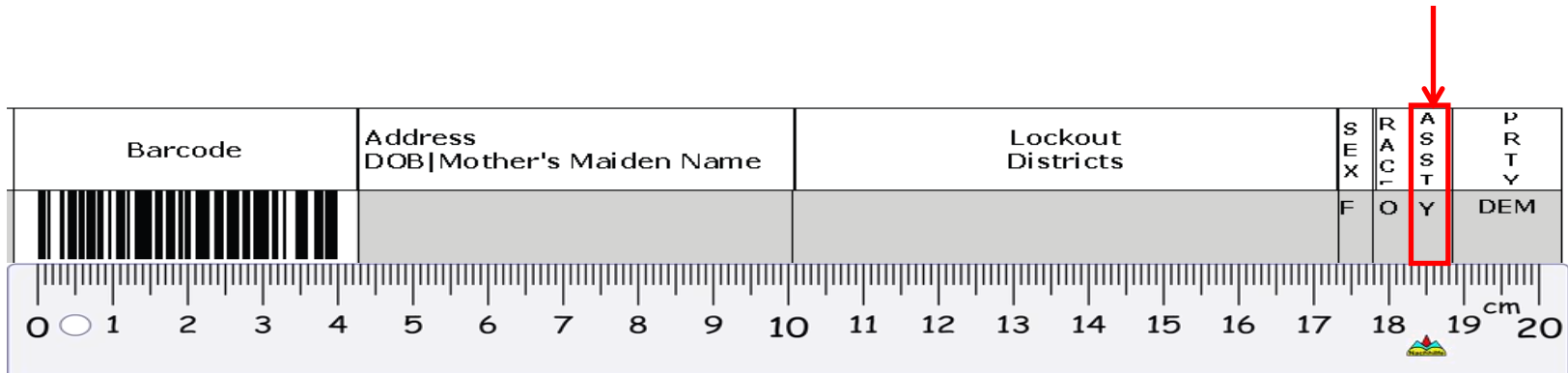





# Assistance to Voters

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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	SEX	R A C E	A S S T	P R T Y
			F	O	Y	DEM
 2017696			F	W		DEM
 1964839			F	W		REP

# Assistance to Voters

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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>	<small>(please print)</small>
Voter's Address: <u>876 North Blue St.</u>	<u>Baton Rouge</u> <u>70819</u>
<small>(street)</small>	<small>(city)</small> <small>(zip code)</small>
Voter's DOB: <u>April 5, 1986</u>	L.A. 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>	

# Assistance to Voters

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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 (Medical doctor, Optometrist, physician assistant or nurse practitioner)** 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 your parish Registrar or Voters Office or call the Secretary of State at (504) 389-2288 or (504) 389-2289.

Reason for Application:  New Voter Registration  Updating Voter Registration

Eligibility:  I am not a citizen of the United States of America?  Yes  No  I am not 18 years of age on or before election day?  Yes  No

Name: LAST FIRST MIDDLE

Residence Address: STREET CITY STATE ZIP+4

Mailing Address: STREET CITY STATE ZIP+4

Date of Birth: MM/DD/YYYY

Party Affiliation:  DEMOCRATIC  REPUBLICAN  NO PARTY  OTHER

Other Information:  I am blind  I am deaf  I am blind and deaf  I am blind and deaf and have a hearing aid  I am blind and deaf and have a hearing aid and use a hearing aid  I am blind and deaf and have a hearing aid and use a hearing aid and have a hearing aid

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Physician's Statement and Clearance Form**

Requested for: Employee Name: \_\_\_\_\_ ER \_\_\_\_\_  
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 the patient exhibits 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: \_\_\_\_\_

Treating Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Fax This completed form to:  
Comcast Energy Medicare Center  
(713) 897-0888  
800.444.4444  
For questions, please contact The WC Staff at (713) 207-8800

# *Assistance to Voters*

*Pgs. 42-47*

## **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

# Assistance to Voters

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B. If there is no “Y” in the “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	RAC	ASST	PTV
			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>		

# Assistance to Voters

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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



# Assistance to Voters

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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>	