

**Election Dates**

## Sample Memorandum: Program Introduction

# MEMORANDUM

**Date:** [Insert Date]

**To:** All Nursing Homes and Assisted Living Facilities in [County/City]

**Attention:** [Name of Social, Activity, or Recreation Director]

**From:** [LBE Contact & Title]  
[County/City] Board of Elections

**Subject:** Voter Registration and Absentee Voting

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As we do each election year, we would like to facilitate voting for the residents of your facility. Under this program, which is required by Maryland law, election officials offer residents assistance with registering to vote, requesting an absentee ballot, and voting an absentee ballot. For this program to be successful, we need your help!

First, we request that you ask the residents of the facility if they are interested in registering to vote and voting by absentee ballot. Enclosed is a list of individuals who are registered to vote at the facility's address. Please mark those registered voters who wish to vote by absentee ballot in the upcoming election. For those residents who are interested but are not listed or not registered to vote, please write their full names and dates of birth on the enclosed worksheet. It is important to note that any resident who is under a court-ordered guardianship for mental disability is **not** eligible to register or vote in Maryland.

By registering to vote in Maryland, the applicant is declaring, under oath, that he or she is a resident of Maryland. Such a declaration could adversely affect benefits received from another jurisdiction. Please be careful about offering the opportunity to register to residents who are receiving benefits from another state. It is possible that these individuals are entitled to vote by absentee ballot in the jurisdiction that sends them their benefits.

Please fax to my attention at [fax number] the completed worksheet by [deadline]. When we receive the completed worksheet, we will prepare a voter registration application for each resident who is not registered to vote in Maryland and an absentee ballot application for each resident listed on the worksheet.

Second, we would like to arrange a date and time for us to visit the facility and finish the registration and voting process with the residents. We generally wait until we have received the absentee ballots before visiting a facility and will contact you when we have received the ballots. Because the time between when the absentee ballots are available and voter registration applications can be processed is rather short, we would appreciate your flexibility in arranging a date.

Third, on the day of the visit, we request your assistance with identifying the residents who would like to register and/or vote. If possible, it would be helpful to assemble the interested residents in a central location. Of course, we will be happy to accommodate other residents who did not previously indicate an interest in registering to vote or voting by absentee ballot or residents who are unable to come to the central location.

Because of the sensitive nature of the electoral process and the necessity to maintain ballot secrecy, please do not allow anyone but the designated individuals to be involved in this process. Election office employees or a bipartisan team will deliver all ballots to the residents and return them to the election office. We ask that a staff person from the facility escort the election officials through the facility.

Thank you in advance for your cooperation in this very worthwhile effort. If you have any questions, please contact [contact name] at [telephone number].

Enclosures (list of registered voters at facility's address & worksheet)

## Sample Memorandum – Scheduling for Pre-Primary Visit

# MEMORANDUM

**Date:** [Insert Date]

**To:** All Nursing Homes and Assisted Living Facilities in [County/City]

**Attention:** [Name of Social, Activity, or Recreation Director]

**From:** [LBE Contact & Title]  
[County/City] Board of Elections

**Subject:** Scheduling

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Thank you for assisting the residents of the facility as they exercise their right to vote. We have received the lists of residents that are interested in registering to vote and voting by absentee ballot and are now ready to schedule our visit.

We are available to visit the facility and assist the residents with registering and voting by absentee ballot on the following dates and times:

- 1.
- 2.
- 3.

Please let me know which date best suits your schedule and the schedule of the residents.

On the day of the visit, please assemble the interested residents in a central location at the designated time so that the voting process can take place in a timely manner. One or more bipartisan teams from the election office will issue the absentee ballots. The teams will also assist anyone who is bedridden or otherwise disabled and wishes to exercise his or her right to vote. You or your designee will be asked to accompany any teams that are assisting individuals in their rooms.

An election office employee or a bipartisan team will deliver all ballots to the residents and return them to the election office. Please do not allow any volunteers to assist in this process.

We appreciate your cooperation. If you have any questions concerning this visit, please call me at [telephone number].

## Oath or Affirmation for Voter Registration and Absentee Ballot Facilitator

Each volunteer or election official that has not already taken an oath or affirmation must sign and take this oath or affirmation.

I, \_\_\_\_\_, a registered voter residing in the State of Maryland,  
(PLEASE PRINT)

under the penalty of perjury, do swear (or affirm) that I will support the Constitution of the United States; and that I will be faithful and bear true allegiance to the State of Maryland, and support the Constitution and Laws thereof; and that I will, to the best of my skill and judgment, diligently and faithfully, without partiality or prejudice, execute the office of Voter Registration and Absentee Ballot Facilitator for the State of Maryland, according to the Constitution and Laws of this State.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Witness:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

## Sample Letter – Introducing Team Members and Purpose of Visit

Date

[Name of Social, Activity, or Recreation Director]

[Name of Facility]

[Address]

[City, State & Zip]

Dear [Name]:

Thank you for assisting the residents of your facility as they exercise their right to vote. As we previously discussed, we will be offering residents assistance with registering to vote and requesting or voting an absentee ballot.

The following individuals will be providing assistance to the residents today.

1. [put an asterisk by the name of the “team leader(s)”]
- 2.
- 3.
- 4.

The team leader is the individual(s) with an asterisk next to his or her name. All questions should be directed to this individual. All team members will be wearing name tags during their visit.

During our visit today, we would appreciate assistance in identifying the residents who would like to register and vote. We would prefer if the interested residents are assembled in a central location. Of course, we will be happy to accommodate residents who are unable to come to the central location and those residents who did not previously indicate an interest in registering to vote or voting by absentee ballot. We ask that you or your designee accompany team members that are assisting residents in their rooms.

Because of the sensitive nature of the electoral process and the necessity to maintain ballot secrecy, please do not allow anyone but the designated individuals to be involved in this process. An election office employee or a bipartisan team will be responsible for delivering all ballots to the residents and returning them to the election office.

Again, thank you for your assistance and cooperation with this effort. If you have any questions during or after this visit, please contact [contact name] at [telephone number].

Sincerely yours,

## Sample Memorandum – Scheduling for Pre-General Visit

# MEMORANDUM

**Date:** [Insert Date]

**To:** All Nursing Homes and Assisted Living Facilities in [County/City]

**Attention:** [Name of Social, Activity, or Recreation Director]

**From:** [LBE Contact & Title]  
[County/City] Board of Elections

**Subject:** Absentee Voting for General Election

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Prior to our last visit to the facility, we received a list of residents who wished to vote by absentee ballot in the Primary Election. With the General Election approaching, we would like to confirm that these residents wish to vote by absentee ballot in the General Election.

Enclosed is the list of residents who previously requested absentee ballot(s) for the upcoming General Election. Please review the list and confirm that these residents would like to vote by absentee ballot. If the resident has moved, has decided not to vote in the General Election, or otherwise will not require a ballot, please delete the name of the resident.

If there are other residents who would like to register to vote and vote by absentee ballot in the upcoming General Election, please write their names and dates of birth on the enclosed worksheet. We will prepare a voter registration application and an absentee ballot application and will provide the necessary assistance when we return to the facility before the General Election. Please return the worksheet to the Board of Elections by [deadline].

Again, we would like to remind you that registering to vote in Maryland is a declaration of residency. Any resident who is receiving benefits from another State could be adversely affected by such a declaration. Under no circumstances do we wish that to happen.

As we did before the Primary Election, we would like to arrange a time to visit the facility and facilitate residents with voter registration and absentee voting. We are available to visit to the following dates and time:

- 1.
- 2.
- 3.

Please let me know which date best suits your schedule and the schedule of the residents.

On the day of the visit, please assemble the interested residents in a central location at the designated time so that the voting process can take place in a timely manner. One or more bipartisan teams from the election office will issue the ballots. The teams will also assist anyone who is bedridden or otherwise disabled and wishes to exercise his or her right to vote.

An election office employee or a bipartisan team will deliver all ballots to the residents and return them to the election office. Please do not allow any volunteers to assist in this process. We will ask that you or your designee accompany team members that are assisting residents in their rooms.

Thank you again for your support of this program. If you have any questions, please call me at [telephone number].

## Sample Memorandum – Absentee Ballot and Voter Registration Applications

**Note: This memo is only to be used for those facilities that elect not to participate in the program.**

# MEMORANDUM

**Date:** [Insert Date]

**To:** All Nursing Homes and Assisted Living Facilities in [County/City]

**Attention:** [Name of Social, Activity, or Recreation Director]

**From:** [LBE Contact & Title]  
[County/City] Board of Elections

**Subject:** Absentee Ballot Applications

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As we discussed, enclosed are voter registration applications for those residents who are not already registered to vote and absentee ballot applications for those residents who wish to vote by absentee ballot.

It is important to note that any resident who is under a court-ordered guardianship for mental disability is not eligible to register or vote in Maryland. Also, by registering to vote in Maryland, the applicant is declaring, under oath, that he or she is resident of Maryland. Such a declaration could adversely affect benefits received from another State. Please be careful about offering the opportunity to register to residents who are receiving benefits from another State. It is possible that these individuals are entitled to vote by absentee ballot in the jurisdiction that sends them their benefits.

As you distribute the voter registration applications and absentee ballot applications to the residents, please instruct the residents to complete the applications using a **pen**, not a pencil, and complete the **entire** application and sign it.

If you require additional voter registration applications or absentee ballot applications, please contact me, and I will deliver additional applications. You may also visit [www.elections.state.md.us](http://www.elections.state.md.us) to print additional applications and instructions.

We will pick up the completed forms on [deadline]. It is important that the all applications be available for pick up on this day to ensure that the applications are processed before the close of voter registration or the deadline for requesting an absentee ballot.

We hope that, for future elections, you will allow election officials to visit the facility and assist residents with this process. During our visit, we can assist residents with completing the appropriate applications, issue them absentee ballots, and return voted absentee ballots to the election office for safekeeping until canvassing. In our experience, applications completed on-site with the resident present are generally more complete and require less follow-up contact. We encourage you to consider participating in this program for future elections.

We appreciate your cooperation. If you have any questions, please call me at [telephone number].

## Sample Letter – Thank you Letter to Participating Facility

[Date]

[Contact Person]  
[Facility Name]  
[Facility Address]

Dear [Contact Person]:

Thank you for your assistance and cooperation with facilitating voting for the residents of your facility. We hope that your facility will continue to participate in this program for future elections.

If you are interested in offering voter registration to your residents throughout the year, I encourage you to become trained as a voter registration volunteer. As a trained voter registration volunteer, you can answer questions about eligibility requirements and assist individuals with registering to vote. If you are interested in becoming a voter registration volunteer, please contact this office.

Thank you again for your participation in this program and supporting the voting rights of the residents of your facility. If you have any comments about this program, please do not hesitate to contact me.