

# IHSS Recipient/Provider Change of Address and/or Telephone Request

<input type="checkbox"/> Provider <input type="checkbox"/> Recipient		Provider Number or Recipient Case Number:			
First Name:		Middle:	Last:		County Name: Sacramento
Home Address – Number & Street:			City:	State: CA	Zip Code:
Current Mailing Address – Number & Street:			City:	State: CA	Zip Code:
New Home Address – Number & Street:			City:	State:	Zip Code:
New Mailing Address – Number & Street:			City:	State:	Zip Code:
Current Telephone Number:					
<input type="checkbox"/> Home -		<input type="checkbox"/> Work -		<input type="checkbox"/> Cell -	
New Telephone Number:					
<input type="checkbox"/> Home -		<input type="checkbox"/> Work -		<input type="checkbox"/> Cell -	
<input type="checkbox"/> Yes , I would like a Voter Registration Card			<input type="checkbox"/> No, I do not require a Voter Registration Card		
Signature :					Date:

## Please Read and Complete Reverse Side

### County Use Section

<b>CLERICAL/RECEPTIONIST:</b> <input type="checkbox"/> <i>Voter Registration Card Given</i> <input type="checkbox"/> <i>Voter Registration Card Requested</i> <input type="checkbox"/> <i>Voter Registration Card Declined</i>	<b>SW/WOD/PHN/FSW:</b> <input type="checkbox"/> <i>Voter Registration Card Given</i> <input type="checkbox"/> <i>Voter Registration Card Requested</i> <input type="checkbox"/> <i>Voter Registration Card Declined</i> <input type="checkbox"/> <i>ICT (outbound) Voter Registration Does Not Apply</i>
<b>PAYROLL:</b> <input type="checkbox"/> <i>Voter Registration Card Requested</i> <input type="checkbox"/> <i>Voter Registration Card Declined</i>	<input type="checkbox"/> <i>Voter Registration Card Mailed</i> <input type="checkbox"/> <i>Voter Registration Card AND Voter Preference Form Mailed</i>

CMIPS II Updated by	Date
SW Name	SW Code

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**  
(Check One)

- Already registered. I am registered to vote at my current residence address.
- Yes. I would like to register to vote. (Please fill out the attached voter registration form.)
- No. I do not want to register to vote.

**NOTE: IF YOU DO NOT CHECK A BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME. YOU MAY TAKE THE ATTACHED VOTER REGISTRATION FORM TO REGISTER AT YOUR CONVENIENCE.**

Applicant Name \_\_\_\_\_

Date \_\_\_\_\_

**Important Notices**

1. Applying to register or declining to register to vote will **not** affect the amount of assistance that you will be provided by this agency.
2. If you would like help in filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration form in private.
3. If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party preference or other political preference, you may file a complaint with the Secretary of State by calling toll-free (800) 345-VOTE (8683) or you may write to: Secretary of State, 1500 - 11<sup>th</sup> Street, Sacramento, CA, 95814. For more information on elections and voting, please visit the Secretary of State's website at [www.sos.ca.gov](http://www.sos.ca.gov).