

Your voice and your vote matter!

At Medical Advocacy & Outreach, we believe in **good health**, including a healthy and engaged community.



Last Name		First Name			Middle Initial
County	Date of Birth	Phone	Email		
Address		City		State	Zip Code

As part of routine care, **MAO Acts!** provides voter **registration**, voting rights **restoration**, and **nonpartisan election information** to all of our clients and employees. If you want to get registered, stay engaged, and/or become an active member of your community, please complete form below. If you want to refuse* this free service, please write "refuse" and initial here: _____

***Please Note:** refusal of *MAO Acts!* services **will not** affect your MAO medical care or treatment in any way. *MAO Acts!* services are a purely optional benefit to you.

1. Are you currently registered to vote?

Yes No

2. If you are registered, do you need to update your name or address?

Yes No I'm not registered

3. Do you have a past felony or other record that has kept you from voting?

Yes No

4. If yes, would you like for an MAO representative to assist you with restoring your right to vote?

Yes No I don't have a record

5. Do you need transportation to and from the polls on election day?

Yes No

6. If you are registered, would you like for us to make sure your polling place has not changed?

Yes No I'm not registered

7. Do you have a permanent address where you regularly receive mail?

Yes No

8. Please check below if you are not interested in voting or being registered

Not Interested

For Office Use Only: Entered Contacted MAO Registered MAO Restored MAO Updated Registration Confirmed