

Westchester County
Continuum of Care Partnership to End Homelessness
AGENDA: 4/21/21
CoC Monthly Board Meeting

- I. Welcome and Introductions**
- II. Minutes**
 - Vote on March minutes
- III. Announcements**
 - “For the People” Voter Registration Act- **Karl Bertrand, Co-Chair**
 - Rehabilitation Support Services request to join CoC
 - Timing of Greyston/White Plains change in CoC board
- IV. Written Standard Policies- Jesse Johnson, Westhab, Yoav Spiegel, DCMH**
 - Vote on revision to Rapid Rehousing search period and extension
- V. New HUD Waivers- Yoav Spiegel, DCMH**
- VI. COVID-19 Vaccinations Update – Miguel Velazquez, DSS**
- VII. Subcommittees – open floor**
 - Anti-Racism Evaluation & Advisory Committee (AREA-C)
 - CE Committee/Data/Systems Committee
 - CERC for DV Survivors
 - CERC for PSH
 - CERC for RRH
 - Education Committee (AM, TT)
 - Homelessness Prevention Network
 - Housing Success
 - Landlord Relations Committee
 - Patriot Housing
 - PIT Count
 - Provider Meetings
 - Self Sufficiency Committee
 - Street Outreach
 - Lived Experience Advisory Group (Coming Soon)

Next CoC Board meeting: 5/19/21
Check out our website: www.wcohomeless.org

**Westchester County Continuum of Care Partnership to End Homelessness
Monthly Meeting Minutes**

March 17, 2021

Attendees: Craig Wong (Co Chair), Karl Bertrand (Co Chair), Annette Peters-Ruvolo, Allison McSpedon, Alexis Santiago, Pamela Tarlow, Brittany Hodgins, Laron Getter, Warren Kent, Nino Torres, Maria McGinty, Tiffany Brown, Jhalisha Slaughter, Miguel Velasquez, Anahaita Kotval, Doreen Lockwood, Grace Perry, Melinda Bellus, Judy Mezey, Cordetta Creighton, Elena Falcone, Jesse Johnson, LaTonia Rosado, Monica Huges, Sean Shaw, Ruthanne Becker, Winnie Wilson, Walter Ritz, Nicole Granata, Anthony Sabia, Angela Hyman, Yoav Spiegel, Triece Thomas

Topic #1:	Discussion:
Announcements/Updates	<ul style="list-style-type: none"> • Craig Wong, Co-Chair, started the meeting at 9:30 a.m. • Judy Mezey made a motion to accept February’s meeting minutes after corrections are made. Nicole Granata seconded. All favored and zero opposed. • Craig Wong introduced Nino Torres as the newest board member, serving as the Lived Experience representative. • Elena Falcone from the Westchester Library System announced their new online resource tool. This tool provides educational, vocational, and nutritional resources for anyone in need and more (firstfind.org). Resources are available in both English and Spanish. • Anahaita Kotval, Lifting Up Westchester suggested to have a portion of the board meetings dedicated to discussing system wide shelter issues within the CoC. Annette Peters Ruvolo, DCMH suggested Anahaita filter topics to discuss at board meetings and then present them to the Co-Chairs prior to the monthly board meetings. • Karl Bertrand, Co-Chair, announced voter registration forms can now be included in the initial CoC registration. Voter registration forms will be presented at the next board meeting for review.
Topic #2:	Discussion:
2021 CoC Ranking Process	<ul style="list-style-type: none"> • Annette Peters-Ruvolo, explained the rand and review process to the board. Due to COVID-19 the CoC did not use the most recent rank and review process. • Yoav reviewed slight changed to the rank and review process, i.e. bonus projects and change in language. • Craig Wong asked the board to vote to accept the process with proposed revisions. Anahaita Kotval motioned to accept, Grace Perry motioned to approved, all in favor, zero opposed.
Topic #3:	Discussion:
FY2020 Match Commitment Documents	<ul style="list-style-type: none"> • Yoav Spiegel, DCMH announced the FY2020 match documents need to be returned by the end of this week (3/19).
Topic #4:	Discussion:
FY2020 System Performance Measures	<ul style="list-style-type: none"> • Yoav Spiegel reported on the system performance measures. This year statistics show we served fewer in FY2020 than in any prior year. There were 900 fewer people and longer length of time homeless compared to the year prior.

**Westchester County Continuum of Care Partnership to End Homelessness
Monthly Meeting Minutes**

	<ul style="list-style-type: none"> Returns to homelessness were also down. It is important to note these statistics are unique due to the pandemic.
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Topic #5:	Discussion:
CV Planning Updates (ESG-CV & CDBG-CV funding)	<ul style="list-style-type: none"> Sylvia Bolivar, City of Mount Vernon, announced Mount Vernon’s ideas for street outreach, youth homelessness, rapid rehousing, domestic violence homelessness prevention. With the CDBG funds, Mount Vernon plans to buy 4 ambulances for the city to reduce emergency response time. They will also hold a quarterly review to address racial disparities. Pamela Tarlow, Westchester County, announced the county’s tenant based and landlord-based application program RFPs under review Plan to have programs in place with nonprofit organizations by early June. Judy Mezey, city of White Plains, announced the city plans to use the CDBG funds towards eviction prevention and to pay rent arrears. Legal Services of Hudson Valley is partnering with the city to provide representation in housing court for COVID related evictions. Judy also explained funds will be used towards street outreach, domestic violence rehousing through My Sisters Place and job training.
Topic #6:	Discussion:
Updated Training Methods- Continuum of Learning	<ul style="list-style-type: none"> Allison McSpedon, announced Daniel Gore’s new tool that the CoC is now utilizing- Continuum of Learning. CoC can now offer certifications for skills such as HMIS, CHAT trainings.
Topic #7:	Discussion:
COVID-19 Vaccinations Update	<ul style="list-style-type: none"> Miguel Velasquez, DSS, informed the board the Office of Temporary Disability Assistance will be partnering with the Office of Mental Health to distribute vaccinations to those who are in need. OTDA and OMH will visit all shelters to provide vaccinations to staff and clients. VOA has used the Johnson & Johnson vaccination and 38 people have been vaccinated so far. DSS will continue to education people on the importance of being vaccinated.

Meeting was adjourned at 11:10 a.m
 Respectfully submitted: Tiece Thomas
 Next Meeting: May 19, 2020
 Time: 9:30 a.m
 Location: Zoom Webinar

Date: 4/21/21

HOW TO COMPLETE A NYS VOTER REGISTRATION FORM

! It is a crime to procure a false registration or to furnish false information to the Board of Elections. Please print in blue or black ink.

Qualifications	1	Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer <i>No</i> , you cannot register to vote.	For board use only											
	2	A) Will you be 18 years of age or older on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No B) Are you at least 16 years of age and understand that you must be 18 years of age on or before election day to vote, and that until you will be eighteen years of age at the time of such election your registration will be marked "pending" and you will be unable to cast a ballot in any election. <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer No to both of the prior questions, you cannot register to vote.												
Your name	3	Last name _____ First name _____	Suffix _____ Middle Initial _____											
More information Items 5, 6 & 7 are optional	4	Birth date <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	5	Gender _____
M	M	/	D	D	/	Y	Y	Y	Y					
	6	Phone _____	7	Email _____										
The address where you live	8	Address (not P.O. box) _____ Apt. Number _____ Zip code _____ City/Town/Village _____ New York State County _____												
The address where you receive mail Skip if same as above	9	Address or P.O. box _____ P.O. Box _____ Zip code _____ City/Town/Village _____												
Voting history	10	Have you voted before? <input type="checkbox"/> Yes <input type="checkbox"/> No	11	What year? _____										
Voting information that has changed Skip if this has not changed or you have not voted before	12	Your name was _____ Your address was _____ Your previous state or New York State County was _____												
Identification You must make 1 selection For questions, please refer to <i>Verifying your identity</i> above.	13	<input type="checkbox"/> New York State DMV number _____ <input type="checkbox"/> Last four digits of your Social Security number x x x - x x - _____ <input type="checkbox"/> I do not have a New York State driver's license or a Social Security number.												
Political party You must make 1 selection Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.	14	I wish to enroll in a political party <input type="checkbox"/> Democratic party <input type="checkbox"/> Republican party <input type="checkbox"/> Conservative party <input type="checkbox"/> Working Families party <input type="checkbox"/> Green party <input type="checkbox"/> Libertarian party <input type="checkbox"/> Independence party <input type="checkbox"/> SAM party <input type="checkbox"/> Other _____ I do not want to enroll in any political party and wish to be an independent voter <input type="checkbox"/> No party	16 Affidavit: I swear or affirm that <ul style="list-style-type: none"> I am a citizen of the United States. I will have lived in the county, city or village for at least 30 days before the election. I meet all requirements to register to vote in New York State. This is my signature or mark in the box below. The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years. Sign _____ Date _____											
Optional questions	15	<input type="checkbox"/> I need to apply for an Absentee ballot. <input type="checkbox"/> I would like to be an Election Day worker.												

Step by Step Instructions on reverse side

Download and print the voter registration form in English or Spanish.

<https://citizenparticipation.westchestergov.com/register-to-vote>

Be sure to print all information neatly so it can be clearly understood. Once the form is printed, complete; sign it in blue or black ink. Only an original copy can be submitted. We cannot accept any kind of digital or portable-document-file-generated signature. **MAIL TO: Westchester County Board of Elections**
Address: 25 Ouarropas St. White Plains. NY 10601 **QUESTIONS? Call: 914-995-2000**

1. Check yes or no. (*U.S. Citizen means either by birth or naturalized.*)

2. Check yes or no.
You can register to vote if you are 16-18 years old, but you will not be able to vote unless you are 18 by Election Day.

3. Enter all requested information. (*Suffix refers to Jr., Sr., II, etc.*)

4. Date of birth: use numbers for your month, date and year. For example, if your birthday is July 1, 1975, write: 07/01/1975.

5. This field is optional.

6. "Telephone" is optional; you do not need to supply this information, but if there is a question about your form, your identity, your residence etc. it will take less time to contact you by phone.

7. This field is optional.

8. Address where you live. Be sure to indicate the name of your county.

9. Mailing address. Fill in only if it is different from your home address (a box number, etc.).

10. Check "yes" if you have voted before, even if in another state or other NYS county.

11. Fill in the most recent year you voted before or enter a "?" if you don't remember.

12. If you voted before under a different name, a different address and/or in a different NYS county, write down what the old information was.

13. You must check one box. If you don't provide the last four digits of your SSN, or DMV number, you must bring verifiable ID information (*a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address*) the first time you vote.

14. Check only one box, either the box next to the party of your choice, or the box next to "I do not wish to enroll in a party." (*If "Independence Party" is checked you will be enrolled in that party; you will not be considered an independent voter.*) Only voters registered in that party can vote in that party's primary. Choosing a party does not require you to vote for that party's candidate in the general election.

15. Two optional boxes: Check the appropriate box to request an absentee ballot application, or to indicate that you want to be an Election Day worker.

16. Read, sign, and date.
Reverse side of NYS voter registration form includes mailing addresses for all NYS County Boards of Elections (BOE). Completed form MUST be mailed to the County BOE of the voter's address. (Note that all 5 NYC boroughs mail to the Broadway address)

To register to vote, you must:

- Be a U.S. citizen.
- Be 16-18 years of age. You may vote at age 18 by the date of the general, primary, or other election in which you want to vote.
- Live at your present address at least 30 days before an election.
- Not be in prison or on parole for a felony conviction. If on parole for a felony and you have received a conditional pardon, you can vote but need to register.
- Not claim the right to vote elsewhere.



New York State Voter Registration Form

Register to vote

With this form, you register to vote in elections in New York State. You can also use this form to:

- change the name or address on your voter registration
- become a member of a political party
- change your party membership

To register you must:

- be a US citizen;
- be 18 years old by the end of this year;
- not be in prison or on parole for a felony conviction (unless parole pardoned or restored rights of citizenship);
- not claim the right to vote elsewhere;
- not found to be incompetent by a court.

Send or deliver this form

Fill out the form below and send it to your county's address on the back of this form, or take this form to the office of your County Board of Elections.

Mail or deliver this form at least 25 days before the election you want to vote in. Your county will notify you that you are registered to vote.

Questions?

Call your County Board of Elections listed on the back of this form or 1-800-FOR-VOTE (TDD/TTY Dial 711)

Find answers or tools on our website www.elections.ny.gov

Verifying your identity

We'll try to check your identity before Election Day, through the DMV number (driver's license number or non-driver ID number), or the last four digits of your social security number, which you'll fill in below.

If you do not have a DMV or social security number, you may use a valid photo ID, a current utility bill, bank statement, paycheck, government check or some other government document that shows your name and address. You may include a copy of one of those types of ID with this form—be sure to tape the sides of the form closed.

If we are unable to verify your identity before Election Day, you will be asked for ID when you vote for the first time.

Información en español: si le interesa obtener este formulario en español, llame al 1-800-367-8683

中文資料:若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국이 양식을 원하시면 1-800-367-8683 으로 전화 하십시오.

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Qualifications

1 Are you a citizen of the U.S.? Yes No
If you answer No, you cannot register to vote.

For board use only

2 Will you be 18 years of age or older on or before election day? Yes No
If you answer No, you cannot register to vote unless you will be 18 by the end of the year.

Your name

3 Last name _____ Suffix _____
First name _____ Middle Initial _____

More information

Items 5, 6 & 7 are optional

4 Birth date

M	M	/	D	D	/	Y	Y	Y	Y

 5 Gender _____
6 Phone _____ 7 Email _____

The address where you live

8 Address (not P.O. box) _____
Apt. Number _____ Zip code _____
City/Town/Village _____
New York State County _____ Select your New York State County _____

The address where you receive mail

Skip if same as above

9 Address or P.O. box _____
P.O. Box _____ Zip code _____
City/Town/Village _____

Voting history

10 Have you voted before? Yes No 11 What year? _____

Voting information that has changed

Skip if this has not changed or you have not voted before

12 Your name was _____
Your address was _____
Your previous state or New York State County was _____

Identification

You must make 1 selection

For questions, please refer to *Verifying your identity* above.

13 New York State DMV number _____
 Last four digits of your Social Security number x x x - x x - _____
 I do not have a New York State driver's license or a Social Security number.

Political party

You must make 1 selection

Political party enrollment is optional but that, in order to vote in a primary election of a political party, a voter must enroll in that political party, unless state party rules allow otherwise.

14 I wish to enroll in a political party
 Democratic party
 Republican party
 Conservative party
 Working Families party
 Green party
 Libertarian party
 Independence party
 SAM party
 Other _____
I do not want to enroll in any political party and wish to be an independent voter
 No party

16 **!** Affidavit: I swear or affirm that
• I am a citizen of the United States.
• I will have lived in the county, city or village for at least 30 days before the election.
• I meet all requirements to register to vote in New York State.
• This is my signature or mark in the box below.
• The above information is true, I understand that if it is not true, I can be convicted and fined up to \$5,000 and/or jailed for up to four years.

Sign _____
Date _____

Optional questions

15 I need to apply for an Absentee ballot.
 I would like to be an Election Day worker.

Address and stamp this section

Your address



Place
First-Class
Stamp
Here

Before mailing,
remove tape,
fold and seal

Your County Board of Elections address (select from below)

New York City
32 Broadway, 7th Fl.
New York, NY 10004
(212) 487-5300

Albany
32 North Russell Road
Albany, NY 12206
(518) 487-5060

Allegany
6 Schuyler St.
Belmont, NY 14813
(585) 268-9294

Broome
Government Plaza
60 Hawley St.
PO Box 1766
Binghamton, NY
13902
(607) 778-2172

Cattaraugus
207 Rock City St.
Suite 100
Little Valley, NY 14755
(716) 938-2400

Cayuga
157 Genesee St.
(Basement)
Auburn, NY 13021
(315) 253-1285

Chautauqua
7 North Erie St.
Mayville, NY 14757
(716) 753-4580

Chemung
378 South Main St.
PO Box 588
Elmira, NY 14902
(607) 737-5475

Chenango
5 Court St.
Norwich, NY 13815
(607) 337-1760

Clinton
City Government Ctr.
Ste. 104
137 Margaret St.
Plattsburgh, NY 12901
(518) 565-4740

Columbia
401 State St.
Hudson, NY 12534
(518) 828-3115

Cortland
112 River St.
Suite 1
Cortland, NY 13045
(607) 753-5032

Delaware
3 Gallant Ave.
Delhi, NY 13753
(607) 832-5321

Dutchess
47 Cannon St.
Poughkeepsie, NY
12601
(845) 486-2473

Erie
134 W. Eagle St.
Buffalo, NY 14202
(716) 858-8891

Essex
7551 Court St.
PO Box 217
Elizabethtown, NY
12932
(518) 873-3474

Franklin
355 West Main St.
Ste. 161
Malone, NY 12953
(518) 481-1663

Fulton
2714 St. Hwy 29
Ste. 1
Johnstown, NY 12095
(518) 736-5526

Genesee
County Building #1
15 Main St.
Batavia, NY 14020
(585) 815-7804

Greene
411 Main St.
Ste. 437
Catskill, NY 12414
(518) 719-3550

Hamilton
Rte. 8
PO Box 175
Lake Pleasant, NY
12108
(518) 548-4684

Montgomery
Old Courthouse
9 Park St.
PO Box 1500
Fonda, NY 12068
(518) 853-8180

Herkimer
109 Mary St.
Ste. 1306
Herkimer, NY 13350
(315) 867-1102

Jefferson
175 Arsenal St.
Watertown, NY 13601
(315) 785-3027

Lewis
7660 N. State St.
Lowville, NY 13367
(315) 376-5329

Livingston
County Govt. Ctr.
6 Court St.
Room 104
Geneseo, NY 14454
(585) 243-7090

Madison
County Office Bldg.
N. Court St.
PO Box 666
Wampsville, NY
13163
(315) 366-2231

Monroe
39 Main St. W.
Rochester, NY 14614
(585) 753-1550

Orleans
14012 State Rte. 31
Albion, NY 14411
(585) 589-3274

Oswego
185 E. Seneca St.
Box 9
Oswego, NY 13126
(315) 349-8350

Otsego
Ste. 2
140 County Hwy. 33W
Cooperstown, NY
13326
(607) 547-4247

Nassau
240 Old Country Rd.
5th Fl.
PO Box 9002
Mineola, NY 11501
(516) 571-8683

Oneida
Union Station
321 Main St.
3rd Fl.
Utica, NY 13501
(315) 798-5765

Onondaga
1000 Erie Blvd West
Syracuse, NY 13204
(315) 435-3312

Ontario
74 Ontario St.
Canandaigua, NY
14424
(585) 396-4005

Orange
75 Webster Ave
PO Box 30
Goshen, NY 10924
(845) 360-6500

Saratoga
50 W. High St.
Ballston Spa, NY
12020
(518) 885-2249

Schenectady
2696 Hamburg St.
Schenectady, NY
12303
(518) 377-2469

Schoharie
County Office Bldg.
284 Main St.
PO Box 99
Schoharie, NY 12157
(518) 295-8388

Putnam
25 Old Route 6
Carmel, NY 10512
(845) 808-1300

Rensselaer
Ned Pattison
Government Ctr.
1600 Seventh Ave.
Troy, NY 12180
(518) 270-2990

Rockland
11 New Hempstead Rd.
New City, NY 10956
(845) 638-5172

St. Lawrence
80 State Hwy 310
Canton, NY 13617
(315) 379-2202

Suffolk
Yaphank Ave.
PO Box 700
Yaphank, NY 11980
(631) 852-4500

Sullivan
Gov't. Ctr.
100 North St.
PO Box 5012
Monticello, NY 12701
(845) 807-0400

Tioga
1062 State Rte. 38
PO Box 306
Owego, NY 13827
(607) 687-8261

Tompkins
Court House Annex
128 E. Buffalo St.
Ithaca, NY 14850
(607) 274-5522

Steuben
3 E. Pulteney Sq.
Bath, NY 14810
(607) 664-2260

Schuyler
County Office Bldg.
105 9th St., Unit 13
Watkins Glen, NY
14891
(607) 535-8195

Seneca
One DiPronio Dr.
Waterloo, NY 13165
(315) 539-1760

Ulster
284 Wall St.
Kingston, NY 12401
(845) 334-5470

Warren
Cnty. Municipal Ctr.
3rd Floor
Human Serv. Bldg
1340 St. Rte. 9
Lake George, NY
12845
(518) 761-6456

Washington
383 Broadway
Fort Edward, NY
12828
(518) 746-2180

Wayne
7376 State Rte. 31
PO Box 636
Lyons, NY 14489
(315) 946-7400

Westchester
25 Quarropas St.
White Plains, NY
10601
(914) 995-5700

Wyoming
4 Ferry Ave.
Warsaw, NY 14569
(585) 786-8931

Yates
Ste. 1124
417 Liberty St.
Penn Yan, NY 14527
(315) 536-5135

(Optional) Register to donate your organs and tissues

If you would like to be an organ and tissue donor upon your death, you may enroll in the NYS *Donate Life™* Registry online at www.donatelife.ny.gov or complete the form below.

You will receive a confirmation email or letter, which will also provide you an opportunity to limit your donation.



Last name _____
 First name _____
 Middle Initial | | _____
 Suffix _____
 Address _____
 Apt. Number _____
 City _____
 Birth date | M | M | | D | D | | Y | Y | Y | Y | _____
 Eye color _____
 Email _____
 Zip code | | | | | | | | _____
 Gender M F
 Height | | Ft. | | | In. _____
 DMV or ID NYC # _____

By signing below,
you certify that you are:

- 16 years of age or older;
- consenting to donate all of your organs and tissues for transplantation, research, or both;
- authorizing the Board of Elections to provide your name and identifying information to NYS *Donate Life™* Registry for enrollment;
- and authorizing the Registry to give access to this information to federally regulated organ procurement organizations and NYS-licensed tissue and eye banks and others approved by the NYS Commissioner of Health upon your death.

 Sign Date



Formulario de registro de votantes del estado de Nueva York

Regístrese para votar

Con este formulario, usted se registra para votar en las elecciones del estado de Nueva York. También puede usar este formulario para:

- cambiar el nombre o el domicilio en su información electoral
- afiliarse a un partido político
- cambiar su afiliación a un partido político

Para registrarse, usted debe:

- ser ciudadano de los EE.UU.;
- haber cumplido 18 años antes del final de este año;
- no estar en prisión ni en libertad condicional por haber cometido un crimen;
- no ejercer el derecho a votar en otro lugar.

Envíe o entregue este formulario

Llene el formulario que sigue y envíelo al domicilio que corresponda a su condado que figura al dorso de este formulario, o lleve este formulario a la oficina de la Junta Electoral de su condado.

Envíe este formulario por correo o entréguelo como mínimo 25 días antes de la elección en la que quiera votar. Su condado le notificará que está registrado para votar.

Si tiene alguna pregunta,

llame a la Junta Electoral de su condado que aparece al dorso de este formulario o al 1-800-FOR-VOTE (TDD/TTY Marque 711)

Encuentre las respuestas o las herramientas que necesita en nuestro sitio de internet www.elections.ny.gov

Verificación de su identidad

Intentaremos verificar su identidad antes del día de las elecciones, mediante el número del DMV (número de la licencia de conducir o número de identificación de no conductor), o mediante los últimos cuatro dígitos del número de su seguro social, que usted escribirá más abajo.

Si no tiene número de DMV o de Seguro Social, debe usar una identificación con foto válida, una factura actual de servicios públicos, un estado de cuenta bancario, su cheque de sueldo, un cheque del gobierno o algún otro documento del gobierno que muestre su nombre y domicilio. Puede incluir una copia de estos tipos de identificación con este formulario. Asegúrese de cerrar los lados del formulario con cinta adhesiva.

Si no podemos verificar su identidad antes del día de las elecciones, se le pedirá una identificación cuando vote por primera vez.

If you are interested in obtaining this form in English, call 1-800-367-8683

中文資料: 若您有興趣索取中文資料表格, 請電: 1-800-367-8683

한국어: 한국어 양식을 원하시면 1-800-367-8683 으로 전화 하십시오

যদি আপনি এই ফর্মটি বাংলাতে পেতে চান তবে 1-800-367-8683 নম্বরে ফোন করুন

! Es delito procurar un registro falso o brindar información falsa a la Junta Electoral.

Escriba con tinta azul o negra, por favor.

! ¿Califica para votar?

1 ¿Es usted ciudadano de los EE.UU.? Sí No

Si responde *No*, no puede registrarse para votar.

Uso exclusivo de la Junta electoral

2 ¿Tendrá usted 18 años o más el día de las elecciones o antes de esa fecha? Sí No

Si responde *No*, no puede registrarse para votar a menos que vaya a tener 18 años a fin de año.

Su nombre

3 Apellido

Nombre

Sufijo

Inicial del segundo nombre

Más información

Los ítems 5, 6 y 7 son opcionales

4 Fecha de nacimiento M M / D D / A A A A

5 Sexo M F

6 Teléfono - -

7 Correo electrónico

Domicilio en el que vive

Domicilio (que no sea un P.O. Box)

8 Apt. Número

Código postal

Ciudad/Pueblo/Comunidad

Condado del Estado de Nueva York

Domicilio en que recibe el correo

No lo llene si es igual al anterior

Domicilio o P.O. Box

9 P.O. Box

Código postal

Ciudad/Pueblo/Comunidad

Antecedentes electorales

10 ¿Ha votado alguna vez? Sí No

11 ¿En qué año?

Información sobre la votación que ha cambiado

Ignore si no ha cambiado o si no ha votado con anterioridad

12 Su nombre era

Su domicilio era

Su estado o condado dentro del Estado de Nueva York anterior era

Identificación

Debe seleccionar una casilla Si tiene preguntas, consulte Verificación de su identidad más arriba.

13 Número de DMV del estado de Nueva York

Últimos cuatro dígitos de su número de Seguro Social X X X - X X -

No tengo licencia de conducir del estado de Nueva York ni número de Seguro Social.

Partido político

Debe seleccionar 1

La inscripción en un partido político es opcional, pero para votar en la elección primaria de un partido político, el votante debe inscribirse en ese partido político, a menos que las reglas estatales del partido permitan lo contrario.

Deseo inscribirme en un partido político

- Partido Demócrata
- Partido Republicano
- Partido Conservador
- Partido Verde
- Partido de Familias Trabajadoras
- Partido de la Independencia
- Partido de Igualdad de las Mujeres
- Partido de la Reforma
- Otro

No deseo inscribirme en un partido político

Ningún partido

Preguntas opcionales

15 Necesito solicitar una balota de Ausencia

Quisiera trabajar en una mesa electoral.



Declaración jurada: Juro o declaro que

- Soy ciudadano de los Estados Unidos.
- Habré residido en el condado, ciudad o comunidad por un mínimo de 30 días antes de las elecciones.
- Reúno todos los requisitos para inscribirme como votante en el estado de Nueva York.
- La firma o marca a continuación es de mi puño y letra.
- La información que he ofrecido es verdadera. Entiendo que de no serlo, se me puede condenar y multar hasta \$5,000 y/o encarcelar hasta un máximo de cuatro años.

Firma

Fecha

Escriba el domicilio y coloque el timbres de correos en esta sección

Su domicilio



Coloque aquí un sello de correos de primera clase

Antes de enviar por correo retire la cinta, doble y selle.

Domicilio de su Junta Electoral (elijá entre los que siguen)

New York City 32 Broadway, 7th Fl. New York, NY 10004 (212) 487-5300	Chenango 5 Court St. Norwich, NY 13815 (607) 337-1760	Franklin 355 West Main St. Ste. 161 Malone, NY 12953 (518) 481-1663	Lewis 7660 N. State St. Lowville, NY 13367 (315) 376-5329	Oneida Union Station 321 Main St. 3rd Fl. Utica, NY 13501 (315) 798-5765	Putnam 25 Old Route 6 Carmel, NY 10512 (845) 898-1300	Schuyler County Office Bldg. 105 9th St., Unit 13 Watkins Glen, NY 14891 (607) 535-8195	Ulster 284 Wall St. Kingston, NY 12401 (845) 334-5470
Albany 32 North Russell Road Albany, NY 12206 (518) 487-5060	Clinton Cnty Government Ctr. Ste. 104 137 Margaret St. Plattsburgh, NY 12901 (518) 565-4740	Fulton 2714 St. Hwy 29 Ste. 1 Johnstown, NY 12095 (518) 736-5526	Livingston County Govt. Ctr. 6 Court St. Room 104 Geneseo, NY 14454 (585) 243-7090	Onondaga 1000 Erie Blvd West Syracuse, NY 13204 (315) 435-3312	Rensselaer Ned Pattison Government Ctr. 1600 Seventh Ave. Troy, NY 12180 (518) 270-2990	Seneca One DiPronio Dr. Waterloo, NY 13165 (315) 539-1760	Warren Cnty. Municipal Ctr. 3rd Floor Human Serv. Bldg 1340 St. Rt. 9 Lake George, NY 12845 (518) 761-6456
Allegany 6 Schuyler St. Belmont, NY 14813 (585) 268-9294	Columbia 401 State St. Hudson, NY 12534 (518) 828-3115	Genesee County Building #1 15 Main St. Batavia, NY 14021 (585) 344-2550	Madison County Office Bldg. N. Court St. PO Box 666 Wampsville, NY 13163 (315) 366-2231	Ontario 74 Ontario St. Canandaigua, NY 14424 (585) 396-4005	Rockland 11 New Hempstead Rd. New City, NY 10956 (845) 638-5172	Steuben 3 E. Pulteney Sq. Bath, NY 14810 (607) 664-2260	Washington 383 Broadway Fort Edward, NY 12828 (518) 746-2180
Broome Government Plaza 60 Hawley St. PO Box 1766 Binghamton, NY 13902 (607) 778-2172	Cortland 112 River St. Suite 1 Cortland, NY 13045 (607) 753-5032	Greene 411 Main St. Ste. 437 Catskill, NY 12414 (518) 719-3550	Monroe 39 Main St. W. Rochester, NY 14614 (585) 753-1550	Orange 75 Webster Ave PO Box 30 Goshen, NY 10924 (845) 360-6500	St. Lawrence 48 Court St. Canton, NY 13617 (315) 379-2202	Suffolk Yaphank Ave. PO Box 700 Yaphank, NY 11980 (631) 852-4500	Wayne 7376 State Rte. 31 PO Box 636 Lyons, NY 14489 (315) 946-7400
Cattaraugus 207 Rock City St. Suite 100 Little Valley, NY 14755 (716) 938-2400	Delaware 3 Gallant Ave. Delhi, NY 13753 (607) 746-2315	Hamilton 14012 State Rte. 8 PO Box 175 Lake Pleasant, NY 12108 (518) 548-4684	Montgomery Old Courthouse 9 Park St. PO Box 1500 Fonda, NY 12068 (518) 853-8180	Orleans 14012 State Rte. 31 Albion, NY 14411 (585) 589-3274	Saratoga 50 W. High St. Ballston Spa, NY 12020 (518) 885-2249	Schenectady 388 Broadway, Ste. E Schenectady, NY 12305 (518) 377-2469	Westchester 25 Quarropas St. White Plains, NY 10601 (914) 995-5700
Cayuga 157 Genesee St. (Basement) Auburn, NY 13021 (315) 253-1285	Dutchess 47 Cannon St. Poughkeepsie, NY 12601 (845) 486-2473	Herkimer 109 Mary St. Ste. 1306 Herkimer, NY 13350 (315) 867-1102	Nassau 240 Old Country Rd. 5th Fl. Mineola, NY 11501 (516) 571-2411	Oswego 185 E. Seneca St. Box 9 Oswego, NY 13126 (315) 349-8350	Schoharie County Office Bldg. 284 Main St. PO Box 99 Schoharie, NY 12157 (518) 295-8388	Tioga 1062 State Rte. 38 PO Box 306 Owego, NY 13827 (607) 687-8261	Wyoming 4 Perry Ave. Warsaw, NY 14569 (585) 786-8931
Chautauqua 7 North Erie St. Mayville, NY 14757 (716) 753-4580	Erie 134 W. Eagle St. Buffalo, NY 14202 (716) 858-8891	Jefferson 175 Arsenal St. Watertown, NY 13601 (315) 785-3027	Niagara 111 Main St. Ste. 100 Lockport, NY 14094 (716) 438-4040	Otsego Ste. 2 140 County Hwy. 33W Cooperstown, NY 13326 (607) 547-4247		Tompkins Court House Annex 126 E. Buffalo St. Ithaca, NY 14850 (607) 274-5522	Yates Ste. 1124 417 Liberty St. Penn Yan, NY 14527 (315) 536-5135

(Opcional) Regístrese para donar órganos y tejidos

Si quiere donar órganos y tejidos, puede inscribirse en el Registro *Donate Life™* del Departamento de Salud (DOH) del estado de Nueva York. Regístrese en Internet en www.nyhealth.gov o indique su nombre y domicilio a continuación.

Recibirá una carta de confirmación del DOH que también le ofrecerá la posibilidad de limitar su donación.



Apellido _____

Nombre _____

Inicial del
segundo nombre

Sufijo _____

Domicilio _____

Apt. Número _____

Código postal _____

Ciudad _____

Fecha de
nacimiento

M M / D D / A A A A

Sexo M F

Color de ojos _____

Estatura _____ Pies _____ Pulg. _____

Mediante su firma a continuación, usted certifica que:

- tiene 18 años o más;
- presta su consentimiento para donar todos sus órganos y tejidos para trasplantes, investigación o ambos;
- autoriza a la Junta Electoral a entregar su nombre e información identificatoria al DOH para inscribirse en el Registro;
- y autoriza al DOH a permitir el acceso a esta información a las organizaciones de obtención de órganos reguladas por el gobierno federal, a los bancos de tejidos y ojos con licencia del estado de Nueva York y a los hospitales en caso de que usted fallezca.

Firma

Fecha

Once a participant is enrolled into a Rapid Re-housing project, it is expected that they will work with the provider agency to rapidly locate an apartment and move in Permanent Housing.

Therefore, participants are allowed a housing search period of 4 months from the 1st day of the month on or following enrollment into the Rapid Re-housing project.

e.g. if a household has a Project Start Date of March 1, then the housing search period ends June 30; if the household has Project Start Date of March 10, then the housing search period ends July 31.

Once a unit is secured and pending inspection, the 4 month “clock” is suspended until the unit passes inspection or is rejected due to inspection failure. The window resumes on the 1st of the month following the rejection of a unit. All provider and participant activity must be recorded in an HMIS Case Note.

Extensions

A Rapid Re-housing provider may, if circumstances warrant, grant a 1 month extension to a participants housing search period after the initial 4 month search period has ended.

There is no limit to the number of 1 month extensions that may be granted, but the case must be evaluated each month before an extension is approved by the provider. Reasonable measures should be taken by the provider and the Participant to avoid multiple extensions as it is expected that multiple extensions will rarely be granted.

Extensions to the housing search period must be documented in the participants file and in an HMIS Case Note, including indications why the extension was granted.

As always, all households involved in Rapid Re-housing housing search should be discussed during meetings of the RRH CERC.

HUD Continuum of Care COVID Waivers 04/17/21

1) **HQS – Re-Inspection of Units – HQS re-inspections may be delayed for all apartments with prior inspections which expire from 04/17/2021 to 05/31/2021.**

Re-inspections for apartments covered by this HQS re-inspection waiver are due by **06/30/2021**.

In other words, Continuum of Care grant funds will be used to pay rent for participants' apartments even where an HQS re-inspection has expired in December, January, or February without a new inspection as long as a re-inspection is done by June 30, 2021 in that unit.

- A list of apartments with expired HQS covered by the waiver should be included with each voucher submitted by housing provider agencies starting with the December vouchers.
- A letter should be placed in the relevant client files behind the last (expired) HQS inspection, indicating that no new HQS inspection has been done under the HUD waiver delaying inspections during the COVID emergency.

2) **Housing Quality Standards (HQS) – Initial Inspection of Units**

Requirement for HQS inspection before providing assistance on behalf of a program participant is waived from 04/17/2021 to **06/30/2021** if:

The owner certifies that they have no reasonable basis to have knowledge that life-threatening conditions exist in the unit or units in question; and

The subrecipient has written policies to physically inspect the unit within 3 months after the end of the COVID emergency.

3) **Fair Market Rent limit on rent subsidies for individual units for Leasing projects**

The FMR restriction is waived for any lease executed from 10/10/2020 to 03/31/2021 and **04/17/21 to 12/31/21**.

Leasing project rent amounts may exceed the 2021 FMR but must still be certified as reasonable rents.

4) **Homeless Definition – temporary stays in institutions limited to 90 days to keep homeless status**

An individual who meets the definition of homelessness be residing in shelter or on the streets retains homeless status (and may go directly into CoC housing) throughout stays in institutions up to 120 days (up from 90 days). Expires **06/30/2021**

5) **Disability Documentation for Permanent Supportive Housing (PSH)**

CoC projects may enroll clients without a certification of disability by a state licensed professional. Housing provider intake workers are instead allowed to certify the disability by observation (or client may self-certify) in writing at enrollment. The intake worker certification/ self-certification remains acceptable only until COVID emergency is over.

In effect, no homeless persons should be delayed access to housing because they are waiting for the certification of disability letter from their treating professional. Of course this waiver should only be employed in cases where the required

documentation will feasibly be secured once the COVID19 emergency is over. To ensure this, sub- recipient providers will be required to receive approval from their HUD grantee before housing an individual/family using this waiver.

6) Permanent Housing Rapid Re-housing Limit to 24 Months of Rental Assistance

The 24-month rental assistance restriction is waived for program participants in a permanent housing rapid re-housing project who will have reached 24 months of rental assistance beginning on 05/22/20 until a state or local public health official has determined special measures are no longer necessary to prevent the spread of COVID-19. Program participants who have reached 24 months of rental assistance during this time and who will not be able to afford their rent without additional rental assistance will be eligible to receive rental assistance until 3 months after a state or local public health official has determined that special measures are no longer necessary to prevent the spread of COVID-19.

7) Limit to be Eligible for DedicatedPLUS Project When Coming from Transitional Housing Being Eliminated

The definition of DedicatedPLUS project is waived for DedicatedPLUS projects funded in the FY 2018 and FY 2019 CoC Program Competitions to allow these projects to serve individuals and families residing in transitional housing, whether it is being eliminated or not, as long as the individual or family met the definition of chronically homeless upon entry to the TH.

8) Coordinated Entry - Annual Ongoing Planning and Stakeholder Consultation

Requirement at 24 CFR 578.7(a)(8) that

CoC must solicit feedback at least annually from participating projects and households that participated in coordinated entry to evaluate the quality and effectiveness of the entire coordinated entry experience

is waived for 1-year beginning on October 6, 2020.