Directions for Living
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# REGISTRATION FORM

**Please complete all information on this form. If you need help, please speak to one of our Staff.**

**Last Name:** _____ **First Name:** _____ **Middle:** _____

**Age:** _____ **Birth Date:** ____/____/____ **Sex:** _____ **SS#:** _____-____-_____

**Address:** _____ **Apt #:** _____ **Phone: Home:** _____

**City/State/Zip:** _____ **Work:** _____

**Email:** _____ **Contact Preference:** _____ **Cell:** _____

**Primary Language:** _____ **Religious Preference:** _____

**Race:** ☐White ☐Black ☐Asian ☐American Indian ☐Alaskan Native ☐Native Hawaiian ☐Pacific Islander ☐Multi-Racial

**Ethnicity:** (check one) ☐Puerto Rican ☐Mexican ☐Cuban ☐Other Hispanic ☐Haitian ☐Mexican American ☐Spanish/Latino ☐None of the Above

**Marital Status:** ☐Never Married ☐Married ☐Widowed ☐Divorced ☐Separated ☐Domestic Partner ☐Legally Separated

**Employment Status:** ☐Active Military ☐Full Time ☐FT Self-Employ ☐Part Time ☐PT Self-Employ ☐Unemployed ☐Disabled ☐Retired ☐Student ☐Homemaker ☐Leave of Absence ☐Criminal Inmate ☐Not Authorized to Work

**Highest School Grade Completed:** _____ **Current School:** _____

**Preferred Name/Nickname:** _____

**Have you ever been known by another name or former alias:** ☐ **No** ☐ **Yes Name:** _____

**Sexual Orientation:** ☐Straight or heterosexual ☐Bisexual ☐Lesbian, gay or homosexual ☐Other ☐Unknown ☐Chose not to disclose

**Gender Identity:** ☐Male ☐Female ☐Genderqueer ☐Transgender (MTF) ☐Transgender (FTM) ☐Other ☐Chose not to disclose

**Residential Status:** ☐Independent Living Alone ☐Independent Living-with Relatives ☐Independent Living-with Non-Relatives ☐Dependent Living-w/Relatives ☐Dependent Living-w/Non-Relatives ☐Homeless ☐Group Home ☐Jail ☐Assisted Living Facility ☐Mental Health Institute ☐Nursing Home ☐Supported Housing ☐Foster Care ☐DJJ Facility ☐Crisis Residence ☐Children Residential Treatment ☐Limited MH Licensed ALF ☐Other

**Total Number of persons living in household** _____ **Veteran:** ☐ Yes ☐ No

**Referred by:** _____ **Referral Phone:** _____

**Do you have an open Child Welfare case plan:** ☐ Yes ☐ No

**Have you ever received services here before?** ☐ No ☐ Yes **If so, when:** _____

**IDENTIFY DISABILITY FACTORS:**

| | | | | | |
|---|---|---|---|---|---|
| Developmental Disabilities: | ☐ Yes | ☐ No | Physically Impaired: | ☐ Yes | ☐ No |
| Non- Ambulatory: | ☐ Yes | ☐ No | Visually Impaired: | ☐ Yes | ☐ No |
| Deaf or Hard-of-Hearing: | ☐ Yes | ☐ No | ADL Functioning: | ☐ Yes | ☐ No |
| English Language Severely Limited: | ☐ Yes | ☐ No | (Inability to perform independently day-to-day living) | | |

**What auxiliary aids, services, or assistance do you need to help you communicate with us?** _____

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☐ **EMERGENCY CONTACT/** ☐ **PARENT/** ☐ **LEGAL GUARDIAN (check one)**

**Name:** _____ **Phone: Home:** _____

**Address:** _____ **Apt #:** _____ **Work:** _____

**City/State/Zip:** _____ **Relation:** _____

**MEDICAL BENEFITS**

Do you have any insurance? ☐ Yes ☐ No **Medicaid** ☐ **Medicare** ☐ **Commercial PPO/HMO** ☐

I authorize the release of any medical information necessary to process this or a related claim to:

_____ Member ID: _____

Insurance Company Name and Address

I authorize payment of benefits to Directions for Living.

_____ Date: ____/____/____

Client Signature

**MEDICAL INFORMATION**

Primary Care Physician: _____ Phone #: _____

Other Treating Physician: _____ Phone #: _____

Pain Management Specialist: _____ Phone #: _____

**SERVICE AUTHORIZATION / CONSENT TO TREAT / CONSENT TO PARTICIPATE**

**My signature below certifies that:**

1) **I give permission to staff of Directions for Living to render mental health/substance abuse treatment and/or prevention services to the person named below either in person, or through telehealth or telephonic.**

2) **I have received a copy of the Client Handbook, which is also available for download here http://directionsforliving.org/your_visit/ which includes information regarding:**
   - **Organizational Mission**
   - **Emergency Procedures**
   - **Client Rights and Responsibilities**
   - **Advance Directive**
   - **Notice of Privacy Practices**
   - **Infectious Disease Control**
   - **Hours of Operation**
   - **Treatment Services**
   - **Grievance Procedures**

3) **I have received the HIV/AIDS education information and understand that I may ask for further information regarding testing and other services at any time.**

4) **I consent to be contacted via phone, email, or text in regards to my appointments.**

5) **I understand that I may be contacted about my services at Directions for Living during or after services for quality improvement purposes.**

6) **I understand that Directions may be required to submit statistical and demographic information such as my age, social security number and/or income to certain local, state and/or federal agencies in order to provide my services. I also understand that I may ask for more specific information regarding this at any time.**

7) **I am providing this consent to treatment and/or prevention services voluntarily and understand that I have the right to withdraw my consent at any time.**

_____

**Print Client Name**

_____ _____

**Client Signature** **Date**

_____ _____ _____

**Parent/Guardian Signature (if applicable)** **Date** **Relation to Client**

_____ _____

**Witness** **Date**

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# FINANCIAL FEE FORM

Date: _____

**Payment Based on:**

☐ Medicare ☐ Medicaid ☐ Pin. Cty Health Plan ☐ Self-Pay/No Insurance

☐ Commercial:_____ **Name of Insurance:** _____

Client Monthly Income: $_____ Other Monthly Income: $_____

**Annual Household Income:** $_____

**Total number of people supported by annual household income:** _____

**Income Verification Type:**

☐ Pay Stubs ☐ Unemployment Stub ☐ W2/ 1099
☐ Letter of Support ☐ SSI Stub ☐ Self-Report
☐ Other:_____

Income verified by (Staff Name) : _____

**Income verification noted above must be copied and placed in client's record*
***To be completed quarterly except TANF which is every 30 days*

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**The below to be completed with FSR for AOP/COP/Medical:**

Qualify for IDP: ☐ Yes ☐ No

Self-Pay $:_____ Sliding Scale %: _____

Reason for the Full Fee: _____ (Name of Insurance We Don't Accept)

**Therapy Service Fees**
Assessment: $ _____
Group Therapy: $ _____
Therapy: $ _____

**Medical Service Fees**
Psychiatric Evaluation $ _____
Medication Follow-Up Visits $_____

_____ _____
Financial Svcs. Rep. Signature Date

_____ _____
Client / Guardian Signature Date

**Please give a copy to the client and place the original in the client's file.*

Client Name: _____ Client #: _____

# Voter Registration Agency
# Form including Notices

**Client's preference** (check the box only in 1. or 2.)(to be completed by voter registration agency on behalf of applicant or by applicant)

1. If you are not registered to vote where you live now, would you like to apply to register to vote today?

☐ Yes ☐ No, I decline.

2. If you are registered to vote where you live now, would you like to update your voter registration record?

☐ Yes ☐ No, I decline.

If no box is checked, it is considered that the client has decided not to register or if already registered, update his or her voter registration at this time.

**Client's Name or ID No.:**

_____

**Date:** _____

**OFFICIAL USE ONLY (check all that apply)**

1. **Client applied for**: ☐ New services/assistance
   ☐ Renewal of services/assistance
   ☐ Address change

2. **How client applied**: ☐ Online/web service
   ☐ In person ☐ By phone ☐ At home

(**Note**: Only a client who is eligible to register can decline or accept an opportunity to register or update a record on his or her behalf)

3. **Client**: ☐ Did not complete application/took application.
   ☐ Was sent form/application on _/___/___(date).
   ☐ Submitted registration application.

Preference forms must be retained by the agency for two years from dated form.

## Notices

### Eligibility Requirements

To Register to Vote in Florida, You Must:

- Be a U.S. citizen
- Be at least 18 years old (you may pre-register if you are at least 16 years old)
- Be a Florida resident
- Have had your right to vote restored if you have ever been convicted of a felony
- Have had your right to vote restored if a court has ever declared you to be mentally incapacitated as to your right to vote.

If you do not meet these requirements, you are not eligible to register.

### Rights

**Right to Help:** If you would like help in filling out your voter registration application, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application in private.

**Right to Benefits:** If you are applying for public assistance from this agency, applying to register, or declining to register to vote will not affect the amount of assistance you will be provided by this agency.

**Right of Privacy:** Your decision not to register or update your record and the location where you applied to register or update your voter registration record is confidential and may only be used for voter registration purposes.

**Right to File Formal Complaint:** If you believe someone has interfered with either your right to apply to register or to decline to register to vote, your right to privacy in deciding whether to apply to register to vote, or your right to choose your own political party or other political preference, you may file a complaint. Form DS-DE 18 is available online under the Division of Elections' Forms webpage at (https://dos.fl.gov/elections/forms-publications/forms/) or (850) 245-6200.

### How to Submit a Voter Registration Application

If eligible to register, you can register online at www.RegistertoVoteFlorida.gov or apply:

- Through any tax collector's office that issues a Florida driver license or state ID card (in person or through their online renewal system - GoRenew.com),
- Through any public assistance office, any office that provides services for persons with disabilities, any center for independent living, any armed forces recruitment office or any public library, or
- By mail or in person at your Supervisor of Elections' office and use the attached Statewide Voter Registration Application (DS-DE 39; rev. 04/24/2024. The completed application may also be mailed to the Division of Elections (Florida Department of State), R.A. Gray Building, 500 S. Bronough Street, Tallahassee, Florida 32399-0250.

# Florida Voter Registration Application Instructions and Form (DS-DE 39, R1S-2.040, F.A.C.)(eff. 04/24/2024)

**Información:** Sírvase llamar a la oficina del Supervisor de Elecciones de su condado si le interesa obtener este formulario en español.

## How to Register

- Complete and submit this form by mail or in person to:
  - Supervisor of Elections' office (mailing addresses are on back of form),
  - Any office that issues driver licenses,
  - Any voter registration agency (public assistance office, center for independent living, office serving persons with disabilities, public library, or armed forces recruitment office), or
  - The Division of Elections
- Register online: RegistertoVoteFlorida.gov (or QR code).

**Note**: If a third-party voter registration organization (3PVRO) collects your application, the 3PVRO must give you a receipt. The 3PVRO might not deliver your application within the 10 days or by the registration deadline. You can choose instead to mail or deliver your application to your Supervisor of Elections or register online.

## Voter Registration Requirements

- U.S. citizen and resident of Florida and county
- At least 18 years old (or 16 for pre-registration)
- Not adjudicated mentally incapacitated, or if so, voting rights restored.
- Not be convicted of a felony, or if so, voting rights restored.
- **Do not complete this form if you do not meet all of these requirements.**

## When to Register

- Deadline to register is 29 days before an election.
- Deadline to change party is 29 days before a primary election.

## Registration Status

- If application is accepted, your Supervisor will mail a voter information card.
- If your application is incomplete or denied, your Supervisor will contact you.
- Contact your Supervisor if you have any additional questions.

## Identification (ID) Requirements to Register or Update Record

- A current and valid Florida driver license (FL DL#), or Florida ID card number (FL ID#), or last four digits of your Social Security number (SSN).
- Special requirements apply if registering by mail for the first time, never previously voted in Florida, and never issued a FL DL or ID card or SSN. You will be required to provide identification prior to voting.

## Florida has Closed Primaries/Political Party Affiliation

- You must be registered with a political party to vote in that party's primary elections. However, in primary elections, all voters can vote on nonpartisan issues and for candidates in that partisan primary race if the candidates face no opposition in the general election.
- If registering for first time and you do not choose a party, you will be registered with no party affiliation (NPA). If you are already registered and do not choose a party, your party choice on record will remain the same.

## Public Record

- Most voter information, including phone number and email address is public. Your signature may be viewed but not copied.
- The following is not public: FL DL#, FL ID#, SSN, where you registered to vote, and whether you declined to register or update your voter registration record at a voter registration agency or office that issues FL DL or FL ID cards.

## Resources

- Supervisor phone numbers are on back of form.
- Division of Elections: https://dos.fl.gov/elections/
- Voter Assistance Hotline: 1.866.308.6739
- Voter Information Lookup visit: https://registration.elections.myflorida.com/CheckVoterStatus

Rows 1 – 6 and 15 must be completed for an application to be processed. **Print** plainly and clearly using a black or blue pen.

☐ **New registration** ☐ **Update or change** (e.g., address, name, party affiliation, signature) ☐ **Request to replace voter information card**

| | | | | | |
|---|---|---|---|---|---|
| 1 | Are you a citizen of the United States of America? ☐ Yes ☐ No | | | | |
| 2 | ☐ I affirm that I am not a convicted felon, or if I am, my right to vote has been restored. (For information on felon voting rights, visit Division of Elections' webpage - https://dos.fl.gov/felon) | | | | |
| 3 | ☐ I affirm that I have not been adjudicated mentally incapacitated with respect to voting or, if I have, my competency has been restored. | | | | |
| 4 | **Date of birth** (mm-dd-yyyy) | **Florida Driver License or Identification Card Number (FL DL/ID)** | **Last 4 of SSN (if no FL DL/ID)** | ☐ I have never been issued a FL DL/ ID or SSN. | |
| 5 | **Last name** | **First name** | **Middle name** | **Suffix** (Sr Jr I II) | |
| 6 | **Residential address where you live in FL** (no P.O. box or business address) | **Unit** | **City** | **County** | **Zip** |
| 7 | **Mailing address** (if different from above or mail not deliverable at residence) | **Unit** | **City** | **State or country** | **Zip** |
| 8 | **Address where last registered** | **Unit** | **City** | **State** | **Zip** |
| 9 | **Former name** (if named has changed) | **Gender** ☐ F ☐ M | **State/country of birth** | | |
| 10 | **Phone no.** (optional) ( ) | ☐ **Email me sample ballot if available in my county.** Email address: | | | |
| 11 | **Party affiliation** (choose one) (See **Florida has Closed Primaries/Political Party Affiliation** above) ☐ Florida Democratic Party ☐ Republican Party of Florida ☐ No party affiliation (NPA) ☐ Minor party (print party): | | | | |
| 12 | **Race/ethnicity** (choose one) ☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander ☐ Black, not of Hispanic Origin ☐ Hispanic ☐ White, not of Hispanic Origin ☐ Multi-Racial ☐ Other: | | | | |
| 13 | **Military/overseas status** (choose one, if applicable) ☐ I am an active-duty Uniformed Services or Merchant Marine member or ☐ their spouse or dependent ☐ I reside outside U.S. but am a U.S. citizen | | | | |
| 14 | ☐ I will need help voting. | ☐ I would like to be a poll worker or election worker | **Official use only** | | |
| 15 | I understand that it is a 3rd degree felony under state and federal laws to falsely swear or affirm or otherwise submit false information. **Oath:** I do solemnly swear (or affirm) that I will protect and defend the Constitution of the United States and the Constitution of the State of Florida, that I am qualified to register as an elector under the Constitution and laws of the State of Florida, and that all information provided in this application is true. | | **FVRS No.** | | |
| | **Signature** X | **Date** | **3PVRO No.** | **Agent Initials** | **Date Collected** |