DEPARTMENT OF MENTAL HEALTH
1600 - 9TH STREET
SACRAMENTO, CA 95814
(916) 654-3551

October 9, 1996

DMH INFORMATION NOTICE NO.: 96-10

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: IMPLEMENTATION OF NATIONAL VOTER REGISTRATION ACT (NVRA) OF 1993

REFERENCE: National Voter Registration Act 42, United States Code Section 1973gg

EXPIRES: Retain Until Superseded (use in conjunction with DMH Information Notices No.'s 95-19 and 96-03)

The purpose of this information notice is to comply with the stipulated court order dated July 22, 1996, of the United States District Court for the Northern District of California in the matter of Voting Rights Coalition, et al. vs. Pete Wilson, et al. (Case Nos. C-94-20860 JW and 95-20042 JW). This order reflects the parties' stipulation to amend the court's orders of January 5, 1996, and May 31, 1996, with respect to the implementation of the NVRA in California. Enclosed you will find a survey form. Each county should send a copy of the survey to all contract providers of mental health services for their county. Each provider will have already been notified of their responsibilities under the NVRA per DMH Information Notice No. 96-03 and DMH Information Notice No. 95-19. The survey will provide the Department with information regarding compliance efforts, which will then be forwarded to the court.

Please ask each contract provider to complete the form and return it to:

Kaye Antel-Berenson, Associate Mental Health Specialist
Technical Assistance and Training
1600 Ninth Street, Room 120
Sacramento, California 95814

Should the county or contract provider have any questions or need further assistance, they may contact Ms. Antel-Berenson at (916) 654-0543. Please have each contract provider complete the survey and return to the Department no later than **November 5, 1996.**

GARY M. PETTIGREW
Deputy Director
Systems of Care

Enclosure

cc: California Mental Health Planning Council
Chief, Technical Assistance and Training

NATIONAL VOTER REGISTRATION ACT (NVRA) OF 1993

COUNTY/PROVIDER SURVEY OF IMPLEMENTATION

County:_____

Provider:_____

Telephone No:_____

FAX No.:_____

1. How many persons have you registered to vote under the NVRA?

2. Are there written instructions and procedures for staff besides the DMH Information Notices sent out by the Department of Mental Health? If so, please attach a copy to this survey.

3. How were the requirements of NVRA communicated to program staff and how will requirements be communicated to new employees?

4. Where are the completed declination forms filed?

5. What is the schedule for batching and forwarding applications to your county registrar of voters?

Certified by:_____

Name Title Date