

Steve Sisolak  
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Richard Whitley, MS  
Director

**DEPARTMENT OF  
HEALTH AND HUMAN SERVICES**  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
*Helping people. It's who we are and what we do.*



Lisa Sherych  
Administrator

Ihsan Azzam,  
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Chief Medical Officer

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## Policy

# CRR 2.0 Nevada Disability Advocacy Law Center (NDALC) Civil Facilities



## DIVISION OF PUBLIC AND BEHAVIORAL HEALTH CLINICAL SERVICES

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Control #	Rev.	Title	Effective Date: 03/2022
CRR 2.0	New	Nevada Disability Advocacy Law Center (NDALC) Visitation in Civil Facilities	Review Date: 03/2024

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### 1.0 POLICY:

DPBH Civil facilities establish reasonable guidelines for allowing the Nevada Disability Advocacy Law Center (NDALC) to interact and access medical records with clients placed in inpatient and residential facilities.

### 2.0 PURPOSE

To balance the needs of NDALC to carry out its' duties with the needs of the facility to provide efficient administration of programs and optimal treatment to its' clients.

### 3.0 SCOPE: Clinical Services Branch

### 4.0 DEFINITIONS

4.1 NDALC – Nevada Disability Advocacy Law Center

### 5.0 REFERENCES: N/A

### 6.0 PROCEDURE

6.1 NDALC access to clients and agency facilities:

6.1.1 NDALC staff may meet with clients;

6.1.1.1 In person, telephonically, or virtually during designated times or with scheduled appointments.

6.1.1.2 Exceptions to the hours shall be made only for emergency situations and require notice to the agency administrator or designee by NDALC staff.

6.1.1.2.1 Emergency situations include the investigation of abuse and neglect as defined by Nevada Statutes and any situation that involves the imminent danger to the health and welfare of a client.

6.1.2 When visiting the facility or conversing with clients via mail or telephone, NDALC staff members will not interfere with ongoing therapeutic activities and will refrain from giving therapeutic advice regarding prescribed medications or cooperating with treatment.

6.1.3 Notification of Presence on the Unit:

6.1.3.1 Prior to entering a unit, NDALC staff shall notify the agency administrator or his/her designee.

6.1.4 NDALC access to buildings and other areas:

6.1.4.1 Under no circumstances will agency staff give NDALC staff keys to agency buildings.

- 6.1.5 NDALC staff will gain access to the unit by being admitted by agency staff.
- 6.1.6 NDALC staff are not allowed in the nurse's stations.
- 6.1.7 Access to Records:
  - 6.1.7.1 Health Information Management
    - 6.1.7.1.1 All requests for copies of client records must be made to the agency Health Information Department.
    - 6.1.7.1.2 All records shall be reviewed in the presence of Health Information staff and respective Treatment Team Leaders or their clinical designee.
    - 6.1.7.1.3 A release of information that follows the Division policy for releases shall be presented to the Agency Director executed by director of NDALC certifying that there is probable cause to believe and setting out the basis for his/her belief, that the individual subject to NDALC's services has been the victim of abuse or neglect as defined by NRS 433.554.
- 6.1.8 Records other than medical:
  - 6.1.8.1 Requests for any documentation, other than medical, by NDALC staff will be handled by the Deputy Attorney General.
  - 6.1.8.2 If any agency staff receives a request for such information, it shall be referred to the Deputy Attorney General.
  - 6.1.8.3 Reports prepared for purposes of performance improvement (i.e., root cause analysis, corrective action plans, denial of rights, and incident reports) will be available to NDALC staff upon receipt by the Deputy Attorney General of a request by NDALC for such records accompanied by a consumer name.
- 6.1.9 Client Access to NDALC:
  - 6.1.9.1 The agency shall not impede any of its clients from having regular and frequent access on their units to NDALC staff for obtaining information on legal rights and self-advocacy during the hours noted in Section 6.1 of this policy.
  - 6.1.9.2 All residents shall have access to a telephone to call NDALC by making a local, toll-free or collect call without monitoring by, or permission from agency staff.
- 6.1.10 Agency shall post NDALC's rights poster with the telephone numbers in a conspicuous place in its facility.
- 6.1.11 NDALC Investigations
  - 6.1.11.1 Agencies shall cooperate with any investigations of abuse and neglect by NDALC staff.
  - 6.1.11.2 When investigating abuse or neglect of a client, NDALC staff shall be allowed to interview witnesses, inspect the premises and review individual records pertinent to the investigations.
- 6.1.12 Protection and Retaliation:
  - 6.1.12.1 There shall be no retaliation against any individual for having filed a complaint with or provided information to NDALC or an

NDALC representative.

6.1.13 Comments and Concerns:

6.1.13.1 NDALC staff shall refrain from commenting to any agency staff other than the Agency Director or designee on such matters that pertain to medical treatment, staffing levels, and the conduct of agency staff.

6.1.14 Agency staff shall bring any concerns they may have about the conduct of NDALC staff and/or violations of this policy to the attention of their own supervisors, who will transmit the information through the agency chain of command to the appropriate Agency Director or designee.

**7.0 ATTACHMENTS: N/A**

**8.0 IMPLEMENTATION OF POLICY:**

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 03/2019

DATE APPROVED BY DPBH ADMINISTRATOR: 03/2019

DATE APPROVED BY THE COMMISSION ON BEHAVIORAL HEALTH: 03/2019

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# Policy

## CRR 2.1 Consumer Complaint Procedure



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
CLINICAL SERVICES**

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<b>Control #</b>	<b>Rev. Date:</b>	<b>Title:</b>	<b>Effective Date: 09/17</b>
<b>CRR 2.1</b>	<b>04/22</b>	<b>CIVIL CONSUMER COMPLAINT AND GRIEVANCE PROCEDURE</b>	<b>Next Review Date: 04/24</b>

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**1.0 POLICY:**

The Division of Public and Behavioral Health and Developmental Services (DPBH) requires that each Division agency will have a procedure to receive and process complaints, grievances, suggestions, compliments, and other input from consumers, family, and stake holders. A response shall be provided at the Division agency and/or Division Central Office level.

**2.0 PURPOSE:**

The Division of DPBH ensures the rights of consumers' of Division services to submit complaints, grievances, suggestions, compliments, and other input, including concerns regarding the confidentiality of their protected health information (PHI) or allegations of discrimination. Consumers' concerns and opinions shall be respected and considered as an opportunity to enhance services.

**3.0 SCOPE: DPBH**

**4.0 DEFINITIONS:**

N/A

**5.0 PROCEDURE:**

- 5.1 Each agency shall have a complaint procedure for consumers, family, and stake holders. The process shall include promptly addressing complaints and other comments of consumers, their family, or stakeholders.
- 5.2 The process shall include a method to address complaints regarding protected health information (PHI), following requirements of the Health Insurance Portability and Accountability Act (HIPAA).



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CLINICAL SERVICES**

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<b>CRR 2.1</b>	<b>04/22</b>	<b>CIVIL CONSUMER COMPLAINT AND GRIEVANCE PROCEDURE</b>	<b>Next Review Date: 04/24</b>

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- 5.3 The process shall include a method to address allegations of discrimination based on race, color, national origin, religion, gender, age, or disability.
- 5.4 The process shall include a method to address allegations of discrimination based on race, color, national origin, religion, gender, age, or disability.
- 5.5 The process shall include a method to evaluate suggestions and appropriately distribute the suggestions and compliments.
- 5.6 Consumers' use of the complaint process shall not interfere with their ability to file complaints with regulatory agencies, nor shall it result in agency or Division retaliation in any manner.
- 5.7 Consumers' use of the complaint process shall not result in a threat of or actual, current or future, denial, reduction, or cancellation of services.
- 5.8 The agency director shall identify the contact person(s) to receive and process these communications. This person's contact information shall be provided to all DPBH consumers upon admission to services, and ongoing within notices provided in an accessible manner.
- 5.9 Each Division agency shall maintain records of complaints and other comments.

**6.0 ATTACHMENTS: N/A**

**7.0 REFERENCES:**

- 7.1 Federal Health Insurance Portability and Accountability Act (HIPAA)  
<https://www.hhs.gov/hipaa>
- 7.2 U.S. Department of Health and Human Services, Office for Civil Rights  
<https://www.hhs.gov/ocr>

**8.0 IMPLEMENTATION OF POLICY:**

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.

EFFECTIVE DATE: 04/15/03  
REVIEWED / REVISED DATE: 07/09/07, 08/06/10, 09/17  
SUPERSEDES: Policy #6.008 Client Complaint Procedures  
APPROVED BY DPBH ADMINISTRATOR: 08/06/10, 09/2017  
APPROVED BY DPBH COMMISSION: 09/17/10, 09/2017, 09/2019

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# Policy

## CRR 2.2 Cultural Competence





**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
CLINICAL SERVICES**

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<b>Control #</b>	<b>Rev.</b>	<b>Title</b>	<b>Effective Date: 07/06</b>
CRR 2.2	4/2022	<b>CULTURAL COMPETENCE</b>	
			<b>Next Review Date: 4/2024</b>

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**1.0 POLICY:**

The Division of DPBH and each Division agency will work with other agencies across Nevada to develop, promote, and maintain a culturally and linguistically competent system of care for all individuals within their community.

**2.0 PURPOSE:**

To ensure that services are centered on each client's needs and clients are not denied services based on actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status, or based on association with another person on account of that person's actual or perceived race, color, religion, national origin, ancestry, age, gender, physical or mental disability, sexual orientation, gender identity or expression or HIV status.

and to provide effective, equitable, understandable and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy and other communication needs.

**3.0 SCOPE:** Clinical Service Branch

**4.0 DEFINITIONS:**

- 4.1 Culture is the sum of values, beliefs, attitudes, language, symbols, rituals, behaviors and customs that are unique to a group and passed from one generation to the next.
- 4.2 Cultural Competence – the ability to understand and respond effectively to the individual needs of a client brought to the health care encounter. This may be based on culture, language, gender, gender identity and other factors.
- 4.3 Discrimination - Differential treatment of a person because of group membership, such as sexual, gender, gender identity or minority status.

**5.0 REFERENCES:**

- 5.1 The Joint Commission: Advancing Effective Communication, Cultural Competence, and Patient and Family Centered Care: A Roadmap for Hospitals.
- 5.2 Inside the Joint Commission; November 17, 2014/Volume 19, Issue 22.



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<b>Control #</b>	<b>Rev.</b>	<b>Title</b>	<b>Effective Date: 07/06</b>
CRR 2.2	4/2022	<b>CULTURAL COMPETENCE</b>	
			<b>Next Review Date: 4/2024</b>

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5.3 DPBH Clinical Service Policy CRR 1.1 Client Rights

**6.0 PROCEDURE:**

**6.1** The Division DPBH and each agency, shall promote culturally competent services based on the Office of Minority Health CLAS Standards and have mechanisms in place for ongoing monitoring. People that are currently receiving services have access to:

- 6.1.1 Effective, equitable, understandable and respectful care from all staff members
- 6.1.2 Offer competent language assistance services at any point of contact, when needed and avoid the use of untrained individuals, minors and family members
- 6.1.3 Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.
- 6.1.4 Information about rights and grievance processes in their preferred language
- 6.1.5 Non-discrimination in service delivery

**6.2** Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices and allocated resources.

- 6.2.1 Recruit, promote and support a culturally and linguistically diverse governance, leadership and workforce that are responsive to the population in the service area.
- 6.2.2 Educate and train governance, leadership and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

**6.3** Establish culturally and linguistically appropriate goals, policies and management accountability, and infuse them throughout the organizations' planning and operations. Maintain standards according to statutes and regulations



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CRR 2.2	4/2022	<b>CULTURAL COMPETENCE</b>	<b>Next Review Date: 4/2024</b>

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- 6.4 Conduct ongoing assessments of the organization’s CLAS-related activities and integrate CLAS-related measures into assessment measurement and continuous quality improvement activities
- 6.5 Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
- 6.6 Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
- 6.7 Partner with the community to design, implement and evaluate policies, practices and services to ensure cultural and linguistic appropriateness.
- 6.8 Create conflict- and grievance-resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
- 6.9 Communicate the organization’s progress in implementing and sustaining CLAS to all stakeholders, constituents and the general public.
- 6.10 For persons in Nevada communities that may not be receiving services, accessibility, within funding limitations, is promoted by:
  - 6.10.1 Identifying diverse population groups in the service area, including, but not limited to, children, older adults, ethnic minorities, persons with disabilities, and blind or hearing-impaired individuals;
  - 6.10.2 Determining and addressing any disparity in access and utilization of services;
  - 6.10.3 Developing outreach strategies to diverse communities;
  - 6.10.4 Recruiting and retention strategies to attract and develop culturally competent staff;
  - 6.10.5 Obtaining input and consultation from diverse groups in its service area (e.g., advisory committees, focus groups, key minority informants, and directed surveys).



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CRR 2.2	4/2022	<b>CULTURAL COMPETENCE</b>	<b>Next Review Date: 4/2024</b>

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- 6.10.6 Working collaboratively with local diverse groups to review service delivery to individuals, families and communities;
- 6.10.7 Providing regular quality monitoring with indicators that evaluate both the quality and outcomes of services with respect to culturally diverse populations;
- 6.10.8 Utilizing multi-faceted approaches to assess satisfaction of diverse individuals, families, and communities and developing performance improvement initiatives based on findings;

6.11 Monitoring service delivery to diverse individuals

- 6.11.1 Ensuring identification of minority responses in the tabulation of individual surveys;
- 6.11.2 Ensuring that person's and families' cultural preferences are assessed and included in the development of treatment plans; and
- 6.11.3 Reviewing other information, goals and strategies that the Division may consider relevant.

6.12 Employee orientation, training and continuing education activities will reflect specific and/or integrated components that address cultural competence. Employee orientation related to cultural competency occurs within six (6) months of hire. Existing employees will participate annually in an approved training for cultural competency.

**7.0 ATTACHMENTS:**

- 7.1 [CRR 2.2 Cultural Competence CLAS Standards Attachment A](#) CLAS Standards; OMH Website HHS.gov

**8.0 IMPLEMENTATION OF POLICY:**

Each Division agency shall implement this policy and may develop specific written protocols and procedures as necessary to do so effectively.

EFFECTIVE DATE: 07/14/06

REVISED / REVIEWED DATE: 01/02/07, 01/02/10, 08/23/11

SUPERSEDES: POLICY#: 4.067 CULTURAL COMPETENCE



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CRR 2.2	4/2022	<b>CULTURAL COMPETENCE</b>	<b>Next Review Date: 4/2024</b>

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APPROVED BY DPBH ADMINISTRATOR: 08/25/11  
APPROVED BY DPBH COMMISSION: 07/14/06, 09/16/11, 09/2018

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# Policy

## CRR 2.3 Notification/Cooperation with Law Enforcement Agencies



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
CLINICAL SERVICES**

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<b>Control #</b>	<b>Rev. Date:</b>	<b>Title:</b>	<b>Effective Date: 11/30/97</b>
<b>CRR 2.3</b>	<b>4/2022</b>	<b>NOTIFICATION / COOPERATION WITH LAW ENFORCEMENT AGENCIES</b>	<b>Next Review Date: 4/2024</b>

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**1.0 POLICY:**

DPBH employees have the responsibility to cooperate with law enforcement agencies by notifying them of the discharge of consumers with charges pending and cooperate with law enforcement investigation of alleged criminal activity involving consumers.

**2.0 PURPOSE:**

To ensure health and welfare of consumers and general public.

**3.0 SCOPE:**

DPBH Division Wide

**4.0 DEFINITIONS:**

N/A



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH  
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<b>Control #</b>	<b>Rev. Date:</b>	<b>Title:</b>	<b>Effective Date: 11/30/97</b>
<b>CRR 2.3</b>	<b>4/2022</b>	<b>NOTIFICATION / COOPERATION WITH LAW ENFORCEMENT AGENCIES</b>	<b>Next Review Date: 4/2024</b>

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**5.0 PROCEDURES:**

- 5.1 If a local , state or federal law enforcement agency requests notification of a consumer’s inpatient discharge by submitting a written hold order to the agency, the agency will notify law enforcement within 24 hours of the intended discharge of the consumer. Notification shall be documented in the consumer’s medical record, including who was notified, and how notification was made.
- 5.2 Information on admission status of consumers will be provided to law enforcement officers on the following basis:
  - 5.2.1 The agency employee who receives a phone call from law enforcement regarding an agency consumer will write down the officer’s name, affiliated agency, and badge number along with the information which is being requested. That employee will then:
    - 5.2.2 Report the call to the supervisor, who will then contact the agency administrator or designee.
    - 5.2.3 The agency administrator or designee will obtain the requested information and call the law enforcement agency making the request to verify the request was made legitimately. If it was a legitimate request, the agency administrator or designee will then provide the requested information.
    - 5.2.4 If confidential information is released to law enforcement personnel, Request from Law Enforcement for Release of Protected Health Information form will be completed.
- 5.3 Police investigations of alleged criminal activity involving consumers shall be conducted pursuant to the following conditions:
  - 5.3.1 The consumer or consumer’s guardian must consent to any investigatory procedure including searches of personal space, person, or interrogation unless a search warrant or subpoena is presented.





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CLINICAL SERVICES**

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<b>Control #</b>	<b>Rev. Date:</b>	<b>Title:</b>	<b>Effective Date: 11/30/97</b>
<b>CRR 2.3</b>	<b>4/2022</b>	<b>NOTIFICATION / COOPERATION WITH LAW ENFORCEMENT AGENCIES</b>	<b>Next Review Date: 4/2024</b>

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- 5.3.2 The agency administrator or designee, with the permission of the consumer or consumer guardian and the law enforcement officer, may be present during the interrogation of the consumer. Such interrogation may take place in a division facility, and will be structured to avoid disturbance of other consumers and program.
- 5.3.3 Law enforcement officers may tour the facility grounds and common areas as part of an investigation. The agency administrator or designee shall assign a agency employee to accompany the officer(s). Consumer rooms and personal storage space are considered private areas and require either consent from the consumer or the consumer's guardian or a search warrant before they can be searched.
- 5.3.4 Law enforcement officers should not carry weapons onto inpatient units.
- 5.3.5 No employee member shall interfere with law enforcement search/interrogation procedures. If there is concern regarding the legality of these procedures, the agency administrator shall request of the officers that they consult their counsel to obtain legal advice. Any agency objection to officers' tactics or behavior will be documented in the consumer's medical record.
- 5.3.6 The division administrator shall be notified at once of any law enforcement investigatory procedure. This notification shall follow the format detailed in policy #CRR-1.4 Reporting of Serious Incidents.



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<b>Control #</b>	<b>Rev. Date:</b>	<b>Title:</b>	<b>Effective Date: 11/30/97</b>
<b>CRR 2.3</b>	<b>4/2022</b>	<b>NOTIFICATION / COOPERATION WITH LAW ENFORCEMENT AGENCIES</b>	<b>Next Review Date: 4/2024</b>

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**6.0 ATTACHMENTS:**  
N/A

**7.0 Implementation of Policy:**

Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.

EFFECTIVE DATE: 11/30/97

REVIEWED / REVISED DATE: 1/22/07, 3/15/2013

SUPERSEDES: POLICY # 4.006 Notification /Cooperation with Law Enforcement  
Agencies

APPROVED BY DPBH ADMINISTRATOR: 3/15/2013

APPROVED BY DPBH COMMISSION:

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# Policy

## CRR 2.4 Voter Registration Policy



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**CLINICAL SERVICES**

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<b>Control #</b>	<b>Rev.</b>	<b>Title:</b>	<b>Effective Date:</b> 04/2022
	<b>Date:</b>		
CRR 2.4	NEW	VOTER REGISTRATION POLICY	<b>Next Review Date:</b> 04/2024

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**1.0 POLICY:**

Department of Public and Behavioral Health (DPBH) takes an active role in supporting the client’s civil rights by offering them the opportunity to register to vote. DPBH facilities will remain in compliance with all Federal, State, and County laws, as well as the National Voter Registration Act (NVRA).

**2.0 PURPOSE:**

To ensure the civil rights of clients by offering the opportunity to register to vote and to ensure employees follow all the legal requirements of this process.

**3.0 SCOPE:**

Division of Public and Behavioral Health – Clinical Services Branch

**4.0 DEFINITIONS:**

- 4.1 Division Facility: Per NRS 433.094 “Division facility” means any unit or subunit operated by the Division for the care, treatment and training of consumers.
- 4.2 NVRA: refers to the National Voter Registration Act of 1993.
- 4.3 VRA refers to a Voter Registration Agency (NRS 293.504) or the act of providing voter registration opportunities at a Voter Registration Agency
- 4.4 DHHS NVRA Coordinator: refers to the Nevada Department of Health and Human Services National Voter Registration Act Department Coordinator.



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<b>Control #</b>	<b>Rev. Date:</b>	<b>Title:</b>	<b>Effective Date:</b> 04/2022
CRR 2.4	NEW	VOTER REGISTRATION POLICY	<b>Next Review Date:</b> 04/2024

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4.5 Division Coordinator: refers to the Nevada Department of Health and Human Services National Voter Registration Act Division Coordinator.

4.6 Site Coordinator: refers to the Nevada Department of Health and Human Services National Voter Registration Act local Site Coordinator.

4.7 Voter Preference/Notice Form: means the form required pursuant to Section 7 of the NVRA, 52 U.S.C. § 20506(a)(6)(B), that includes boxes for Public Assistance Clients to check indicating whether the applicant would like to register or declines to register to vote and/or any version of a form asking Public Assistance Clients if they would like to register to vote.

4.8 Voter Registration Form or Voter Registration Application: means the Nevada voter registration application form prescribed in NRS 293.507 and Section 9 of the NVRA, 52 U.S.C. § 20508(a)(2).

4.9 Local Election Official: means all county clerks, all city clerks or all county election departments, including the officers, agents, employees and representatives of the same.

**5.0 PROCEDURE:**

5.1 Triggering Events:

5.1.1 Per the NVRA requirements, the voter registration process must occur when applications for benefits is requested. All clients will be asked the question if they want to register to vote during the below “triggering event(s)”:

5.1.1.1 New Application -During the initial intake interview (completing initial paperwork);



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CRR 2.4	NEW	VOTER REGISTRATION POLICY	<b>Next Review Date:</b> 04/2024

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5.1.1.2 Recertification/Renewal -If the client completes paperwork to renew services (if applicable); and

5.1.1.3 Change of Information- If a client completes paperwork, or staff on the client's behalf change the client's name or address.

5.2 Language:

5.2.1 All Voter Registration forms are available through State Printing and may be order by notifying the Secretary of State NVRA Coordinator and DHHS NVRA Coordinator when supplies are low.

5.2.2 Forms are available in both English and Spanish.

5.2.3 Clients who request Tagalog may use the English or Spanish forms;

5.2.4 Staff or client may print "TAGALOG" at the top of the form and enter their personal and contact information.

5.2.5 The form will then be submitted to the Secretary of State's Office.

5.2.6 The client will be contacted by a Tagalog speaking staff who will assist the client in completing the forms.



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CRR 2.4	NEW	VOTER REGISTRATION POLICY	<b>Next Review Date:</b> 04/2024

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5.3 Signage:

5.3.1 Signage is to be posted in all client waiting rooms and main lobbies notifying clients, visitors, and staff of the availability to register to vote.

5.3.2 Signage must be in a typed font no smaller than 12 points.

5.3.3 Signage must be in English, Spanish, and Tagalog.

5.4 Division Facility:

5.4.1 Once discharge is planned, the assigned staff will offer and present the option for the client to register to vote. In the event the client response “no”, the client is still to offered the voter registration form to take with them.

5.4.2 The assigned staff will forward all voter registration paperwork daily, to include the Voter Registration Inquiry forms and Voter Registration forms to the Agency’s Voter Registration Coordinator for data collection and processing.

5.5 Outpatient Clinics:

5.5.1 The Voter Registration Inquiry Form and Voter Registration Form will be handed to the client separate from admission paperwork.

5.5.1.1 If the client needs assistance, they will be referred to the Consumer Service Assistance staff or designee at the client

5.5.1.1.1 The administrative staff at the front desk or designee will collect all Voter Registration forms and Voter Registration Inquiry forms and turn them into the AA III or designee for data collection and processing daily.



**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**CLINICAL SERVICES**

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<b>Control #</b>	<b>Rev.</b>	<b>Title:</b>	<b>Effective Date:</b> 04/2022
	<b>Date:</b>		
CRR 2.4	NEW	VOTER REGISTRATION POLICY	<b>Next Review Date:</b> 04/2024

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5.5.1.1.2 The assigned staff will forward all voter registration paperwork daily, to include the Voter Registration Inquiry forms and Voter Registration forms to the Agency’s Voter Registration Coordinator for data collection and processing daily.

5.6 Confidentiality:

5.6.1 No information regarding a person’s declination to register to vote will be used for any purpose other than voter registration. If a client does register to vote, the voter registration application will not be publicly disclosed.

5.6.2 All Voter Registration Inquiry forms will be sent daily to the Medical Records Department and kept in an “umbrella” file.

5.7 Data Reporting:

5.7.1 DPBH facilities will have an internal data reporting process maintained by the Agency’s Voter Registration Coordinator.

5.7.2 Internal data will be reported to the Secretary of State’s Office through the DHHS NVRA Coordinator.

5.8 Training:

5.8.1 All DHHS staff who provide voter registrations services will be required to complete voter registration training on hire and twice a year, preferable in June and December.

5.8.2 NVRA Training is available online via NVelearn (<https://nvelearn.nv.gov/moodle/>).





**DIVISION OF PUBLIC AND BEHAVIORAL HEALTH**  
**CLINICAL SERVICES**

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5.8.3 Training logs must be completed and returned to the DHHS NVRA Department Coordinator no later than the last Friday in January each year.

**6.0 ATTACHMENTS:**

- 6.1 [CRR 2.4 VOTER REGISTRATION FORM ENGLISH Attachment A](#)
- 6.2 [CRR 2.4 VOTER REGISTRATION FORM ENGLISH Attachment B](#)
- 6.3 [CRR 2.4 VOTER REGISTRATION INQUIRY FORM - ENGLISH - 2 SIDED Attachment C](#)
- 6.4 [CRR 2.4 VOTER REGISTRATION INQUIRY FORM - SPANISH - 2 SIDED Attachment D](#)

**7.0 IMPLEMENTATION OF POLICY:**

- 7.1 Each Division agency within the scope of this policy shall implement this policy and may develop specific written procedures as necessary to do so effectively.



DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Voter Registration Inquiry Form

**IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO REGISTER TO VOTE HERE TODAY?**

**(PLEASE CHECK ONE)**

YES       NO

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

The **NATIONAL VOTER REGISTRATION ACT** provides you with the opportunity to register to vote at this location. If you would like help in filling out a voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the form in private.

**IMPORTANT NOTICE:** Applying to register or declining to register to vote **WILL NOT AFFECT** the amount of assistance you will be provided by this agency.

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**Print name**

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**Signature**

**Date**

**CONFIDENTIALITY:** Whether you decide to vote or not, your decision will remain confidential. IF YOU BELIEVE SOMEONE HAS INTERFERED with your right to register or to decline to register to vote, your right to privacy in deciding whether to register to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with your county election office or the Secretary of State's office by mailing a written complaint to: SOS, Nevada State Capitol Building, 101 N. Carson St., Suite 3, Carson City NV 89701, or email to [sosmail@sos.nv.gov](mailto:sosmail@sos.nv.gov).





DEPARTMENT OF HEALTH AND HUMAN SERVICES  
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH

Voter Registration Inquiry Form: Spanish Version

**SI NO ESTÁ REGISTRADO PARA VOTAR DONDE USTED VIVE AHORA, ¿LE GUSTARÍA REGISTRARSE PARA VOTAR HOY MISMO?**

(Por favor marquee uno)

SI       NO

**SI NO MARCA NINGÚN CUADRO, SE CONSIDERARÁ QUE USTED NO DESEA REGISTRARSE PARA VOTAR EN ESTE MOMENTO.**

La **LAY NACIONAL DE REGISTRO DE VOTANTES** le ofrece la oportunidad de registrarse para votar en este establecimiento. Si desea ayuda para llenar la solicitud de registro de votante, nosotros le ayudaremos. La decision de solicitar o utilizar la ayuda es suya. Usted puede llenar la aplicación en privado.

**AVISO IMPORTANTE:** La solicitud de registrarse o no para votar **NO AFECTARÁ** la cantidad de asistencia que le brindará esta agencia.

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**Imprimir Nombre**

---

**Firma**

**Fecha**

**CONFIDENCIALIDAD:** Independientemente de si decide registrarse para votar o no, su decision se mantiene confidencial.

**SI CREE QUE ALGUIEN HA INTERFERIDO** con su derecho de registrarse o su decision de no registrarse a votar, o su derecho de escoger su partido politico o su preferencia politica, podrá presentar una queja con la oficina del Secretario del Estado, Nevada State Capitol Building, 101 N. Carson St, Suite 3, or email to [sosmail@sos.nv.gov](mailto:sosmail@sos.nv.gov).

DPBH – Agency Use Only  
Voter Registration Inquiry Tracking – Return to NVRA Office Coordinator

New Applicant  Re-open Applicant

Change of Address  Change of Name

**PLEASE MARK ALL APPLICABLE BOXES:**

- Client marked "Yes" on the Inquiry Form.
  - Client marked "No" on the Inquiry Form.
  - Client failed to check either box on the Inquiry Form.
  - Client refused to complete Inquiry Form.
  - Client requested assistance to complete the Voter Registration Application
  - Client took the Voter Registration Application with them.
  - Voter Registration Application was sent in the mail to client.
  - Voter Registration Application completed and turned in to Agency staff.
- 

Staff Name \_\_\_\_\_

Date Stamp \_\_\_\_\_

**PLEASE CHECK LOCATION:**

SNAMHS

Lake's Crossing

NNAMHS

Rural Clinic:  
\_\_\_\_\_



FOLD, TAPE, AND MAIL AFTER DETACHING YOUR RECEIPT • USE BLACK OR BLUE INK ONLY – PLEASE PRINT CLEARLY

Application No.

# STATE OF NEVADA VOTER REGISTRATION APPLICATION

## JF 35790

**WARNING: GIVING FALSE INFORMATION IS A FELONY AND INCLUDES A CIVIL PENALTY OF UP TO \$20,000.**

All fields are required unless marked Optional. If you do not provide all of the required information, your application to register to vote will not be complete.

<b>1.</b>	Are you a citizen of the United States? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If you checked "No" to the above question, do not complete this form.</i> Will you be at least 18 years of age on or before election day? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If you checked "No" to the above question but are at least 17 years of age, do you wish to preregister to vote? <span style="float:right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> <i>If you checked "No" to both of the prior questions, do not complete this form.</i>										
<b>2.</b>	<table style="width:100%; border:none;"> <tr> <td style="width:30%;">Last Name</td> <td style="width:20%;">First Name</td> <td style="width:20%;">Middle Name</td> <td style="width:30%;">Suffix</td> </tr> </table>	Last Name	First Name	Middle Name	Suffix						
Last Name	First Name	Middle Name	Suffix								
<b>3.</b>	<table style="width:100%; border:none;"> <tr> <td style="width:50%;">Nevada Residential Address—See Instructions on Back (No P.O. Box/Business Address)</td> <td style="width:10%;">Apt. #</td> <td style="width:10%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align:center;">NV</td> <td></td> </tr> </table>	Nevada Residential Address—See Instructions on Back (No P.O. Box/Business Address)	Apt. #	City	State	Zip Code				NV	
Nevada Residential Address—See Instructions on Back (No P.O. Box/Business Address)	Apt. #	City	State	Zip Code							
			NV								
<b>4.</b>	<table style="width:100%; border:none;"> <tr> <td style="width:50%;">Mailing Address—If Different From Above (P.O. Box or Mail Service Address Acceptable)</td> <td style="width:10%;">Apt. #</td> <td style="width:10%;">City</td> <td style="width:10%;">State</td> <td style="width:20%;">Zip Code</td> </tr> </table>	Mailing Address—If Different From Above (P.O. Box or Mail Service Address Acceptable)	Apt. #	City	State	Zip Code					
Mailing Address—If Different From Above (P.O. Box or Mail Service Address Acceptable)	Apt. #	City	State	Zip Code							
<b>5.</b>	Birth Date (MM/DD/YYYY)	<b>6.</b>	Place of Birth (State or Country)	<b>7.</b>	Telephone Number (Optional)						
<b>8.</b>	<input type="checkbox"/> I have a valid NV Driver's License or ID Card and that number is: _____ <input type="checkbox"/> I have not been issued a NV Driver's License or ID Card. The last 4 digits of my Social Security Number are: XXX-XX-_____ <input type="checkbox"/> I have not been issued a NV Driver's License or ID Card, and I do not have a Social Security Number. If you select this option, you will be contacted by your County Election Department for more information once your application is received. <i>Note: ID numbers provided above are confidential and not available for public inspection.</i>										
<b>9.</b>	If applicable, check one of the following: <input type="checkbox"/> Military Domestic (or military spouse or dependent) — Only check if you are on active duty and will be absent from your place of registration <input type="checkbox"/> Military Overseas (or military spouse or dependent) <input type="checkbox"/> U.S. Citizen Overseas										
<b>10.</b>	Email Address (Optional) — Email Address is Confidential	<b>11.</b>	<input type="checkbox"/> <b>CHECK THIS BOX TO RECEIVE A SAMPLE BALLOT IN LARGER TYPE</b>								
<b>12.</b>	Party Registration — Check Only One Box <input type="checkbox"/> Democratic Party <input type="checkbox"/> Independent American Party <input type="checkbox"/> Libertarian Party of Nevada <input type="checkbox"/> Nonpartisan (No Political Party) <input type="checkbox"/> Republican Party <input type="checkbox"/> Other Party — Write in below _____	<b>13.</b>	I swear or affirm I am a U.S. citizen. I will be at least 18 years old by the date of the next election, or if I indicated in Box 1 above that I am preregistering to vote, I am at least 17 years old. I will have continuously resided in Nevada at least 30 days in my county and at least 10 days in my precinct before the next election at which I intend to vote. The residential address listed herein is my sole legal place of residence, and I claim no other place as my legal residence. If I am preregistering to vote, I understand and acknowledge that I will be deemed to have registered to vote as of the date of my 18th birthday unless my preregistration is canceled by any of the means or for any of the reasons for canceling voter registration pursuant to Chapter 293 of the Nevada Revised Statutes. I am not currently serving a term of imprisonment for a felony conviction. I declare under penalty of perjury that the foregoing is true and correct.  <div style="text-align:center;">           ↓ SIGNATURE OF APPLICANT (REQUIRED) ↓  <div style="border: 1px solid black; width: 200px; height: 40px; margin: 0 auto;"></div> <div style="text-align:right; margin-top: 5px;">             ____/____/____              (MM / DD / YYYY)           </div> </div>								
<b>14.</b>	Your name and residential address where you were last registered to vote (Name Used, Address, State, etc.)										
<b>15.</b>	Important! If you are assisting a person to register to vote and you are not a Field Registrar appointed by a County Clerk / Registrar of Voters or an employee of a voter registration agency, you MUST complete the following. Your signature is required. Failure to do so is a felony.										
	Full Name	Mailing Address	City/State/Zip Code	Signature							
<b>OFFICIAL USE ONLY. DO NOT WRITE IN THE SHADED AREA BELOW.</b>											
DATE STAMP	<input type="checkbox"/> AGENCY <input type="checkbox"/> FIELD REGISTRAR <input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON <input type="checkbox"/> OTHER	CANCELLED	APPLICATION NO. <b>JF 35790</b>								
		INACTIVE	RECEIVED BY:								
		PRECINCT									
✂ Detach Here ✂		✂ Detach Here ✂		✂ Detach Here ✂							
NAME OF PERSON RETAINING THIS APPLICATION (Agency Stamp or Name of Agent, Election Official or Person Retaining Application)		ELECTION OFFICIAL OR AGENCY (Contact Information, Address, Telephone, Fax)		<b>VOTER APPLICATION RECEIPT</b> (Please Retain Receipt) Your voter registration information has been transmitted to your County Election Office for processing. Within 10 days after receiving your information, your County Election Office will mail your Nevada Voter Registration Card or a notice that additional information is required to complete your registration.							
				APPLICATION NO. <b>JF 35790</b>							





# SOLICITUD PARA INSCRIBIRSE COMO VOTANTE EN EL ESTADO DE NEVADA

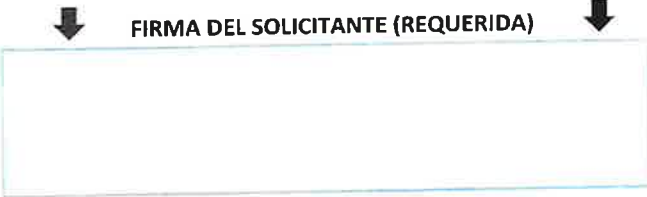
SÓLO USE TINTA NEGRA O AZUL – ESCRIBA CLARAMENTE EN LETRA DE MOLDE

Núm. de Solicitud

JU08674

ADVERTENCIA: PROVEER DATOS FALSOS CONSTITUYE UN DELITO MAYOR (FELONY) E INCLUYE UNA MULTA DE HASTA \$20,000.

Se requiere completar todas las casillas al menos que esté marcado Opcional. Si no provee toda la información requerida, su solicitud para inscribirse como votante no estará completa.

1.	¿Es usted un ciudadano de los Estados Unidos? <i>Si usted marcó "No" a la pregunta anterior, no llene esta solicitud.</i>		<input type="checkbox"/> Sí <input type="checkbox"/> No
	¿Tendrá usted por lo menos 18 años de edad para o antes del día de la elección?		<input type="checkbox"/> Sí <input type="checkbox"/> No
	¿Si usted marcó "No" a la pregunta anterior, pero tiene por lo menos 17 años de edad, usted desea preinscribirse para votar? <i>Si usted marcó "No" a las dos preguntas anteriores, no llene esta solicitud.</i>		<input type="checkbox"/> Sí <input type="checkbox"/> No
2.	Apellido	Primer Nombre	Segundo Nombre
			Sufijo
3.	Dirección Residencial de Nevada – Vea las Instrucciones al Reverso (No Apartado Postal/Dirección de Negocio)		
	Apto. #	Ciudad	Estado
			Código Postal
			NV
4.	Dirección de Correo – Si es Diferente de la Anterior (Apartado Postal o Servicio de Buzón Aceptable)		
	Apto. #	Ciudad	Estado
			Código Postal
5.	Fecha de Nacimiento (MM/DD/AAAA)	6.	Lugar de Nacimiento (Estado o País)
		7.	Número de Teléfono (Opcional)
8.	<input type="checkbox"/> Yo tengo una Licencia de Conducir de NV o Tarjeta de Identificación y el número es: _____ <input type="checkbox"/> No tengo una Licencia de Conducir de NV o Tarjeta de Identificación. Los últimos 4 dígitos del Número de Seguro Social son: XXX-XX-_____ <input type="checkbox"/> No tengo una Licencia de Conducir de NV o Tarjeta de Identificación, y no tengo un Número de Seguro Social. Si selecciona esta opción, usted será contactado por su Departamento de Elecciones del Condado para obtener más información una vez que reciban su solicitud. <i>Aviso: Los números de identificación que indicó arriba es información confidencial y no estarán disponibles para inspección pública.</i>		
9.	Si es aplicable, marque una de las siguientes casillas:		
	<input type="checkbox"/> Militar Doméstico (o cónyuge o dependiente de un militar) – Sólo seleccione si usted está en el servicio activo y estará ausente de su lugar de registro. <input type="checkbox"/> Militar en el Extranjero (o cónyuge o dependiente de un militar) <input type="checkbox"/> Ciudadano de los EE.UU. en el Extranjero		
10.	Correo Electrónico (Opcional) – Correo Electrónico es Información Confidencial	11.	<input type="checkbox"/> <b>MARQUE ESTA CASILLA PARA RECIBIR UNA BOLETA DE MUESTRA EN LETRA GRANDE</b>
12.	Inscripción de Partido – Marque Sólo Una Casilla	13.	Yo juro o afirmo que soy ciudadano de los EE.UU. Tendré por lo menos 18 años de edad para la fecha de la próxima elección, o si indiqué en la Casilla 1 arriba que me estoy preinscribiendo para votar, tengo por lo menos 17 años de edad. He vivido continuamente en Nevada por lo menos 30 días en mi condado y por lo menos 10 días en mi distrito electoral antes de la próxima elección en la cual tengo la intención de votar. La dirección residencial aquí adentro anotada es mi único lugar de residencia legal y no reclamo ningún otro lugar como mi residencia legal. Si estoy preinscrito para votar, yo entiendo y confirmo que estaré considerado registrado para votar desde la fecha cuando cumpla 18 años a menos que mi preinscripción sea cancelada por cualquier medio o por cualquiera de las razones que se cancela el registro de votante de acuerdo al Capítulo 293 de los Estatutos Revisados de Nevada (Nevada Revised Statutes). Yo no estoy actualmente cumpliendo una pena de prisión por un delito mayor. Yo declaro bajo pena de perjurio que la información anterior es verdadera y correcta.
	<input type="checkbox"/> Partido Demócrata <i>(Democratic Party)</i> <input type="checkbox"/> Partido Independiente Americano <i>(Independent American Party)</i> <input type="checkbox"/> Partido Libertario de Nevada <i>(Libertarian Party of Nevada)</i> <input type="checkbox"/> No Partidista (no afiliación a un partido) <i>(Nonpartisan - No Political Party)</i> <input type="checkbox"/> Partido Republicano <i>(Republican Party)</i> <input type="checkbox"/> Otro Partido – Escriba Abajo		
		 <b>FIRMA DEL SOLICITANTE (REQUERIDA)</b>	
			_____/_____/_____ (MM / DD / AAAA)
14.	Su nombre y dirección residencial de su última inscripción como votante (Nombre Usado, Dirección, Estado, etc.)		
15.	¡Importante! Si está asistiendo a una persona a inscribirse como votante y no ha sido designado como funcionario encargado de inscripciones ("Field Registrar") por el Secretario del Condado/Registrador de Votantes o no es un empleado de una agencia para inscribir votantes, usted DEBE llenar esta casilla. Su firma es requerida. Falta de no hacerlo constituye un delito mayor.		
	Nombre Completo	Dirección de Correo	Ciudad/Estado/Código Postal
			Firma

SÓLO PARA USO OFICIAL NO ESCRIBA EN LA SIGUIENTE ÁREA SOMBREADA.