Election Identification Certificate (EIC) Study

I. My Unit is willing to participate in the EIC Study ________________________________ (name of Unit)

II. The individual who will visit the DPS office is _______________________________________

III. I will have this test completed by __________________________________________________________________

IV. Was there a cost associated with acquiring the EIC? ____ YES ____ NO

V. Did the applicant have a birth certificate? ____ YES ____ NO

VI. If NO, did the applicant have to purchase a birth certificate? ____ YES ____ NO

VII. Did the applicant have all the needed identifications? ____ YES ____ NO

VIII. Which picture identifications was used to get the EIC? (please underline) expired drivers license, current school ID, T card, government ID, expired TX ID

IX. Which two additional identifications were used? (please underline two) Social Security card, Medicare or Medicaid card, Voter registration card, government ID card, expired TX ID, valid insurance policy, marriage or divorce decree, school records

VIII. What problem(s) did you encounter with the identifications you provided, if any? ___________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

IX. How long was your wait? _________________ How long was the process? _________________

How far was the DPS from the applicant's home ________ miles; You long were you at the office? ____________

Describe the process & requirements __________________________________________________________________________

__________________________________________________________________________

X. Was the EIC received? ____ YES ____ NO

If no, please explain ___________________________________________________________________________

__________________________________________________________________________