

CONSTITUTIONAL AMENDMENT INITIATIVE PETITION FORM – VOLUNTEER

Amendment Information

Ballot Title: Provide Medicaid Coverage to Eligible Low-Income Adults
Ballot Summary: Requires State to provide Medicaid coverage to individuals over age 18 and under age 65 whose incomes are at or below 138 percent of the federal poverty level and meet other nonfinancial eligibility requirements, with no greater burdens placed on eligibility, enrollment, or benefits for these newly eligible individuals compared to other Medicaid beneficiaries. Directs Agency for Health Care Administration to implement the initiative by maximizing federal financial participation for newly eligible individuals.

See separate document for the full text of the proposed constitutional amendment.

Date Approved 12/12/2018 **Serial Number** 1816



Sponsor's Information (Return all completed petition forms to the address below.)

Name: Florida Decides Healthcare, Inc.
Address: Post Office Box 10829 Tallahassee, FL 32302

Voter's Information

I am a registered voter of Florida and hereby petition the Secretary of State to place the above proposed amendment to the Florida Constitution on the ballot in the general election.

Name - Last _____ **First** _____ **Middle** _____

Address _____

City _____ **Zip** _____ **County** _____

Update my voter registration record to this address. (check box)

Registration No.

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or **Date of Birth**

M	M
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D	D
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Y	Y	Y	Y
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Signature _____ **Date Signed**

M	M
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D	D
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Y	Y	Y	Y
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Petition Circulator's Information



This Petition form is only to be collected by a volunteer or directly by the voter him or herself.

A paid petition circulator must use the DS-DE 155B version of the form. Forms for paid petition circulators can be obtained from the Division's Paid Petition Circulator website.

Visit <https://dos.elections.myflorida.com/InitiativePetitions/> for more information.

Attention

- This form becomes a public record once filed with the Supervisor of Elections.
- It is a first degree misdemeanor to knowingly sign the same petition more than once. [§104.185, F.S.]
- An improperly completed form will not be validated.