

# ACP Application Assistant Updates



Winter 2025

Hello Valued Application Assistants!

We appreciate everything you do to support our Address Confidentiality Program participants. Some things have come up repeatedly, so here are some reminders.

- Remember to check the [My Vote website](#) to be sure the participant addresses are not listed before helping them apply for the program.
- If you do find their address, please help them fill out the [SEL550 Form](#), which is then to be mailed to their local county elections office address.
- Ensure the address is a valid by checking the [United States Postal Service Zip Code website](#).
- Always get a signature from the client. This can be done from a touch screen (phone, tablet or computer), but should be identifiable as their legal signature. To be certain of this, you can submit the signature page with the application or email it to [acp@doj.oregon.gov](mailto:acp@doj.oregon.gov).
- Be sure to include AKA (also known as) or other names by which the client may receive mail.

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## To ensure applicants are properly vetted:

Oregon Revised Statutes 192.826 addresses qualifiers for ACP participation. Please be sure you're familiar with this section and keep it in mind when helping an applicant.

*Except as provided in subsection (8) of this section, **the application must contain all of the following [as indicated in sections (a) and (b)]***

*(a) A statement by the applicant that the applicant or the applicant's child or ward is a victim of domestic violence, a sexual offense, stalking, bias or human trafficking and that the applicant fears for the applicant's safety or the safety of the applicant's child or ward.*

*(b) Evidence that the applicant or the applicant's child or ward is a victim of domestic violence, a sexual offense, stalking, bias or human trafficking.*

***This evidence may include any of the following:***

*(A) Law enforcement, court or other federal, state or local government records or files;*

*(B) Documentation from a public or private entity that provides assistance to victims of domestic violence, a sexual offense, stalking, bias or human trafficking if the applicant or the applicant's child or ward is an alleged victim of domestic violence, a sexual offense, stalking, bias or human trafficking;*

*(C) Documentation from a religious, medical or other professional from whom the applicant has sought assistance in dealing with the alleged domestic violence, sexual offense, stalking, bias or human trafficking*

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Again, we thank you for your service. Please always feel free to reach out if ever you have a question or if we can help.

**ACP Contact Information:**

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