

OFFICE USE ONLY	
Date Received	_____
Assigned to	_____
Is an EBT card needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Louisiana Department of Children and Family Services

Louisiana Combined Application Project
Enrollment Form

1. Tell Us About You

First Name	Middle Initial	Last Name		
Mailing Address	Apt/Lot No.	City	State	Zip Code
Home Address (If different from mailing)	Apt/Lot No.	City	State	Zip Code
Social Security Number	Date of Birth	Parish of Residence		
<i>You can choose not to give Ethnicity and Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.</i>				
2. Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female 4. Racial Heritage (check all that apply): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American				

5. Do you receive Supplemental Security Income (SSI)? ☐ Yes ☐ No
6. Do you live alone? ☐ Yes ☐ No
If no, do you buy and prepare meals separately from others in your home? ☐ Yes ☐ No
 If you are certified for LaCAP, will you purchase and prepare meals separately from others? ☐ Yes ☐ No
 Do you live with your spouse? ☐ Yes ☐ No
 Do you live with your child who is under 22 years of age? ☐ Yes ☐ No
7. Phone number where you can be reached during the day. (____) _____
 E-mail address, if available: _____
8. Do you currently receive Supplemental Nutrition Program (SNAP) benefits? ☐ Yes ☐ No
9. Do you need a new Louisiana Purchase Card? ☐ Yes ☐ No

In order to receive the most benefits possible, you need to tell us about your housing expenses. Failure to report any of the expenses listed will be seen as a statement by your household that you do not want to receive credit for the unreported expense.

10. Do you pay rent, mortgage, or any housing expenses other than utilities? ☐ Yes ☐ No

If **yes**, complete the following information about the housing expenses that you pay.

Type of Housing Expenses	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)
Rent or Mortgage		
Property Tax (if not included in mortgage payment)		
Homeowners insurance (if not included in mortgage payment)		
Other Housing Expenses (other than utilities) - Please specify: _____		

11. Do you pay for heating and/or air conditioning separately from your rent? ☐ Yes ☐ No

12. Do you pay for utilities other than heating, air conditioning, or telephone separately from your rent? ☐ Yes ☐ No

13. Do you pay telephone expenses separately from your rent? ☐ Yes ☐ No

14. You can name someone who can apply for or obtain information about your benefits. This person would be your Authorized Representative. You can name someone, but it is not required. Would you like to have an Authorized Representative? ☐ Yes ☐ No

If **Yes**, tell us about your Authorized Representative.

Name of Authorized Representative

Daytime Telephone Number

Address

City

State

Zip Code

Read Carefully And Sign Below

I certify under penalty of perjury that the information I have given in this application is true, complete, and correct to the best of my knowledge. I understand that I will be subject to disqualification and prosecution and will be required to repay ineligible benefits if I knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain food assistance. By signing this application, I give permission for the release of information to the Department of Children and Family Services by any persons or agencies who have knowledge of my circumstances.

Your Signature (or mark)

Date Signed

If you sign with an "X" mark, ask two people to witness the mark; if applicant is blind, ask three people to witness.

Witness

Witness

Witness

Signature of Person Who Helped You Complete this Form and His or Her Relationship to You

Signature

Relationship

VOTER REGISTRATION

If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)

☐ I want to register to vote.

☐ I do not want to register to vote.

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

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)

☐ Yes, I would like help.

☐ No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact the Department of Children and Family Services at 1-888-LAHELPU or 1-888-524-3578.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to the DCFS ES Document Processing Center at P.O. Box 260031, Baton Rouge, LA 70826-9918.

Signature or Mark

Name Typed or Printed

Date

Signatures of Two Witnesses If Signed With Mark:

1) _____ 2) _____

COMPLAINTS

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether 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 the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225)922-0900 or 1-800-883-2805.

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Louisiana Voter Registration Application

(LA-VRA - Rev. 3/19)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →
QUESTIONS? - Call your parish Registrar of Voters Office or call the
Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY: WD: PCT: REG. TYPE: IN/OUT: REG #

Please print clearly in ink, preferably black.

Reason for Application: ☐ New Voter Registration ☐ Updating Voter Registration

Eligibility	1.	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you answered "No" to these questions, do not complete this form. You are not eligible to vote at this time. (Please see application instructions for information regarding eligibility to register prior to age 18.)	
		Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name	2.	LAST NAME: _____ FIRST NAME: _____			
		FULL MIDDLE OR MAIDEN NAME: _____ SUFFIX (Sr., Jr., II) _____			
Residence Address (Where you live and claim homestead exemption, if any)		HOUSE # & STREET (NO P.O. BOX): _____	UNIT/APT #: _____	Give Location (If Necessary) <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
		CITY/TOWN: _____ STATE: LA	ZIP CODE: _____		
Mailing Address (If different from Residence Address)	3.	<input type="checkbox"/> Check if no postal service at your residence address above and supply mailing address here.			
		HOUSE # & STREET/P.O. BOX: _____	UNIT/APT #: _____		
		CITY/TOWN: _____	STATE: _____	ZIP CODE: _____	
Birthdate	4.	MM / DD / YYYY	5. *SSN XXX - XX - XXXX	6. Sex <input type="checkbox"/> M <input type="checkbox"/> F	7. Race (Optional) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER _____
Party Affiliation	8.	<input type="checkbox"/> DEM <input type="checkbox"/> GRN <input type="checkbox"/> IND <input type="checkbox"/> LBT <input type="checkbox"/> REP <input type="checkbox"/> NO PARTY <input type="checkbox"/> OTHER (Specify) _____		9. Place of Birth CITY/TOWN: _____ STATE: _____ PARISH/COUNTY: _____ COUNTRY: _____	
Mother's Maiden Name	10.	11. Email (Optional) _____		12. Phone (Optional) Home: (____) _____ - _____ Other: (____) _____ - _____	
LA DL/ID Card #	13.	<input type="checkbox"/> I do not have a LA DL/ID card		14. Do you need assistance in voting? <input type="checkbox"/> No <input type="checkbox"/> Yes, Reason: _____	
Place of Last Residence	15.	HOUSE # & STREET: _____ CITY: _____ STATE: _____		16. Place of Last Registration STATE: _____ PARISH/COUNTY: _____	17. Former Registered Name, if any _____
Affirmation and Signature (read and sign or make your mark)	18.	I do hereby solemnly swear or affirm that I am a United States citizen, that I am of eligible age to register to vote, that I have not been incarcerated pursuant to an order of imprisonment for conviction of a felony within the past five years, nor am I under an order of imprisonment for a felony offense of election fraud or other election offense pursuant to R.S. 18:1461.2, that I am not currently under a judgment of full interdiction or limited interdiction where my right to vote has been suspended, that I am a bona fide resident of this state and parish, and that the facts given by me on this application are true to the best of my knowledge and belief. If I have provided false information, I may be subject to a fine of not more than \$2,000 (\$5,000 for subsequent offense) or imprisonment for not more than 2 years (5 years for subsequent offense), or both. Any false statement may constitute perjury.			
		Applicant Signature: <input type="text"/>		Date: _____	
Witnesses (If your signature is a mark, you must have two witnesses sign)	19.	Witness #1 Signature: <input type="text"/>		Witness #1 Print Name: _____	
		Witness #2 Signature: <input type="text"/>		Witness #2 Print Name: _____	

* Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.

Note: If you decline to register to vote, this fact will remain confidential and will be used only for voter registration purposes. If you register to vote, the office where your application was submitted will remain confidential and will be used only for voter registration purposes. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY	<input type="checkbox"/> New Registration	Updated Registration: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Party Change <input type="checkbox"/> Change to Assistance in Voting
REMARKS:		
CIRCLE ONE:		
PA MV RG SDA SS (Disability)	Received by: _____ Date: _____	



Louisiana Voter Registration Application

(LA-VRA - Rev. 3/19)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

APPLICATION INSTRUCTIONS

USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO: 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

TO REGISTER AND BE ELIGIBLE TO VOTE AN APPLICANT MUST: 1) be a U.S. citizen; 2) be at least 17 years old (16 years old if registering to vote in person at the Registrar's Office or with an application for a Louisiana driver's license) but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony or, if under such an order not have been incarcerated pursuant to the order within the last five years and not be under an order of imprisonment related to a felony conviction for election fraud or any other election offense pursuant to R.S. 18:1461.2; 4) not be under a judgment of full interdiction or limited interdiction where your right to vote has been suspended; 5) reside in the state and parish in which you seek to register and vote.

Instructions: the **grey** section numbers on this page correspond to the **grey** section numbers on the application.

Reason for Application: Check "New Voter Registration", if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration", if you are making any change to your present registration. If new registration, fill out the form completely.

1. **Eligibility** - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you answered "No" to these questions, do not complete this application form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.
2. **Name** - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name".*

Residence Address - "Residence Address" means the address (Number, Street, City, State and Zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school while attending. Do not use a post office box for your "Residence Address". If you use a rural route and box number, you may draw a map in box labeled "Give Location" to provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores or landmarks near residence and write the name of the landmark.

Mailing Address - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (Number, Street, City, State and Zip). Otherwise a mailing address may be provided and you may use a Post Office Box for a mailing address.
4. **Birthdate** - Print your date of birth. *The month and day of your birth remains confidential by law.*
5. **Social Security Number** - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number, you **must** attach either one or more documents to prove your identity, residence and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN number remains confidential and is only used for registration purposes.*
6. **Sex** - Check male or female *(for statistical purposes only).*
7. **Race** - Race/Ethnic origin is optional *(for statistical purposes only).*
8. **Party Affiliation** - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, Libertarian or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party you wish to affiliate. If you do not want to register with a political party affiliation check "No Party", or if you do not complete this section, your party affiliation will be listed as "no party". If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.
9. **Place of Birth** - Print the city/town, parish/county, state and country of your birth place *(for statistical purposes only).*
10. **Mother's Maiden Name** - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".
11. **Email** - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*
12. **Phone** - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*
13. **LA DL/ID Card #** - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card". *This ID number remains confidential and is for official use only.*
14. **Assistance in Voting Needed?** - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes", write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.
15. **Place of Last Residence** - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".
16. **Place of Last Registration** - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application. **Important:** *Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.*
17. **Former Registered Name** - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.
18. **Affirmation and Signature** - Read the affirmation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are affirming and that they meet the requirements to register to vote.*
19. **Witnesses** - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid.

Mailing Instructions - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at www.geauxvote.com or by calling the toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote.

Online Voter Registration - Voter registration is also available at www.geauxvote.com and you may register online before the 20th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.