

Louisiana Department Of Children And Family Services
DSNAP Attestation Form

Disaster #: _____

Disaster Benefit Period: _____

Parish of Residence **when
the disaster occurred:** _____

Case Name: _____ Social Security Number: _____

Read Carefully And Sign Below

I understand the questions that are on this DSNAP application and were asked during this interview as well as the penalties for hiding or giving false information. I certify under penalty of perjury that the information given during this interview is true, complete, and correct to the best of my knowledge. I understand that I will be subject to disqualification and/or prosecution and will be required to repay ineligible benefits if I knowingly give false, incorrect, or incomplete information in order to try to obtain DSNAP benefits. By signing this form, I authorize the release of any information to the Department of Children and Family Services by any persons, agencies, or financial institutions that have knowledge of my circumstances to determine the correctness of my certification.

Is any member of your DSNAP household an employee of DCFS or a DSNAP worker?

☐ Yes ☐ No

Signature (or mark) of Applicant

Date Signed

Signature of Authorized Representative

Date Signed

Witness (if anyone signed with an X)

Date Signed

For Office Use Only

Signature of Agency Representative

Date Signed

Signature of Economic Stability Manager or Designee
(if required)

Date Signed