	Division/Section	Family Support
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I. STATEMENT OF POLICY

BEFORE CERTIFYING THE APPLICANT, WORKERS MUST COMPLETE PROCEDURAL TASKS ASSOCIATED WITH THE RECEIPT OF AN APPLICATION THAT INCLUDES THE [OFS 1VR](#), VOTER REGISTRATION DECLARATION STATEMENT AND THE LOUISIANA VOTER REGISTRATION APPLICATION FORM.

II. PROCEDURES

BEFORE CERTIFYING THE APPLICANT:

- ENSURE THAT EACH ITEM ON THE APPLICATION FORM HAS BEEN COMPLETED OR CLEARED AND THAT THE APPLICATION FORM HAS BEEN CORRECTLY SIGNED AND DATED. AN ONLINE APPLICATION THAT WAS SUBMITTED ELECTRONICALLY THROUGH THE DCFS WEB PORTAL CONTAINS AN ELECTRONIC SIGNATURE. AN APPLICATION TAKEN OVER THE TELEPHONE WILL HAVE A TELEPHONIC SIGNATURE.
- ASK THE APPLICANT IF THEY HEARD AND UNDERSTOOD THE PRE-RECORDED RIGHTS AND RESPONSIBILITIES (R&Rs). IF NOT, REVIEW THE CLIENT'S RIGHTS AND RESPONSIBILITIES AND DOCUMENT IN LITE. RESPOND TO ANY QUESTIONS THE APPLICANT HAS.
- For change reporting households document and create a task to follow-up on any expected changes the applicant indicates on the application form or during the interview.
- MAKE REFERRALS TO ANY PROGRAMS FOR WHICH THE APPLICANT MIGHT BE ELIGIBLE SUCH AS, BUT NOT LIMITED TO HEALTHY LOUISIANA (formerly BAYOU HEALTH), [LaHIPP](#), [SSI](#), [WIC](#), AND [SOCIAL SECURITY](#).
- INFORM THE APPLICANT OF THEIR RIGHT TO APPEAL ANY ACTION BY THE DEPARTMENT.
- Explain the reporting requirements which are applicable to the household circumstances.
- EXPLAIN TO THE APPLICANT THAT THEY WILL BE NOTIFIED OF THE LENGTH OF THE CERTIFICATION PERIOD AND THAT THEY WILL RECEIVE A NOTICE OF EXPIRATION ([OFS 18MR](#)) BEFORE THE END OF THE CERTIFICATION PERIOD.
- Explore the availability of health insurance coverage for the family at the custodial and non-custodial parents' places of employment and, if such is available, provide the [BHSF Flyer LaHIPP](#). Document that [LaHIPP](#) was discussed.

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- Inform the applicant of [Non-Emergency Medical Transportation](#) (NEMT) services. Document that you informed the applicant of NEMT.
- Tell the FITAP applicant that a referral is being made to BHSF for a Medicaid eligibility determination.
- Inform applicants about Healthy Louisiana (formerly Bayou Health). LDH has contracted with five different health plans from which a Medicaid recipient can choose: Aetna Better Health of Louisiana, AmeriHealth Caritas Louisiana, Healthy Blue, Louisiana Healthcare Connections, and UnitedHealthcare Community Plan. For information about any of these programs, applicants may call the Louisiana Medicaid Customer Service Hotline at 1.888.342.6207.
- Review the Notice of Cooperation with Support Enforcement Program and Agreement to Relinquish Child Support Payments ([OFS Flyer 6](#)) with each applicant that applies for FITAP or KCSP. Failure to sign the OFS Flyer 6 will result in ineligibility for the applicant and rejection of the application. * If a manual form is required, request through LITE. Once the signed ** form is *** * received, update LITE to reflect the date of receipt. **

Note: Completion is required at each application even if a completed form is already on file for this payee and child(ren).

- Review the Notice of Assignment of Rights to State of Louisiana for Medical Support and Payments ([OFS Flyer 7](#)) with each applicant that applies for FITAP and KCSP. Failure to sign the OFS Flyer 7 will result in ineligibility for the applicant and rejection of the application. *** * If a manual form is required, request through LITE. Once the signed form is received, update LITE to reflect the date of receipt. **

Note: Completion is required at each application even if a completed form is already on file for this payee and child(ren).

- Review non-custodial parent information with each applicant that applies for FITAP and KCSP:
 - Complete Non-Custodial Parent screens in LITE regarding all absent non-custodial parents **during the interview** with the applicant, with the exception of those absent parents listed in B-1231-1-FITAP - PO,
 - After completing the Non-Custodial Parent screens with the applicant, generate the [OFS 4NCP](#) and [OFS 4NCP Supplement](#) form(s), when required according to [B-1230-FITAP](#), by selecting “No – Pending signature” to the following questions: “OFS 4 NCP Signature Received?” and “OFS 4 NCP Supplement Signature Received?”
 - Mail completed form(s) to the applicant for signature,
 - Once the applicant returns form(s), review the form(s) for signature,
 - Scan the form(s) into OnBase, and
 - Enter the date the signature(s) is received in LITE.

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Note: The application must be rejected when an applicant fails to sign and return a required OFS 4NCP or OFS 4NCP Supplement.

- DURING THE INTERVIEW ENSURE THAT THE CLIENT WAS ASKED IF THEY WOULD LIKE TO REGISTER TO VOTE. PROVIDE ASSISTANCE WITH COMPLETING A LOUISIANA VOTER REGISTRATION APPLICATION UNLESS ASSISTANCE IS REFUSED.
- IF THE APPLICANT RETURNS THE LOUISIANA VOTER REGISTRATION APPLICATION TO THE PARISH OFFICE:
 - REVIEW THE LOUISIANA VOTER REGISTRATION APPLICATION FOR LEGIBILITY AND COMPLETENESS.
 - VERIFY THAT THE APPLICANT SIGNED THE LOUISIANA VOTER REGISTRATION APPLICATION IN THE APPROPRIATE BOX.
 - IF THE LOUISIANA VOTER REGISTRATION APPLICATION IS RETURNED UNSIGNED, SEND THE FORM BACK TO THE CLIENT WITH AN [OFS 18C](#) ADVISING THE CLIENT THAT THEY MUST SIGN THE FORM BEFORE IT CAN BE SUBMITTED TO THE REGISTRAR OF VOTERS' OFFICE FOR PROCESSING.
 - COMPLETE THE FOLLOWING INFORMATION LOCATED AT THE BOTTOM OF THE LOUISIANA VOTER REGISTRATION APPLICATION UNDER "OFFICIAL USE ONLY":
 - SIGN ON THE LINE "RECEIVED BY:" AND WRITE THE MONTH, DAY, AND YEAR OF THE DATE YOU SIGNED THE APPLICATION ON THE LINE MARKED "DATE."
 - CIRCLE "PA" AS THE VOTER REGISTRATION AGENCY, AND
 - MAIL THE COMPLETED LOUISIANA VOTER REGISTRATION APPLICATION TO THE APPROPRIATE PARISH REGISTRAR OF VOTERS.
- REFER TO CHAPTER 7, C-200 FOR MORE INFORMATION ON VOTER REGISTRATION.

III. FORMS AND INSTRUCTIONS

[Louisiana Voter Registration Application](#)

[OFS 1VR Form](#) / [Instructions](#) Voter Registration Declaration Statement


[OFS 18C Form](#) / [Instructions](#) Client Contact Letter

[OFS 004NCP Form](#) / [Instructions](#) Non-Custodial Parent Information Summary

[OFS 004NCP Supplement Form](#) / [Instructions](#) Non-Custodial Parent Information Summary Supplement

[OFS 18MR Form](#) / [Instructions](#) Notice of Expiration

[OFS Flyer 6 Form](#) / [Instructions](#) Notice of Cooperation with CSE and Agreement to Relinquish

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[OFS Flyer 7 Form](#) / [Instructions](#) Notice of Assignment of Rights

IV. REFERENCES

Code of Federal Regulations Title [42:433.145](#)

Code of Federal Regulations Title [45:206.10](#)

[LAC 67:III.Subpart 1, Chapter 2 Voter Registration Services](#)

[The National Voter Registration Act of 1993](#)