Dear: 

**Important:** You must complete a Simplified Report online, complete, sign, and return a paper Simplified Report form, or call us to complete your Simplified Report over the telephone. You must have a completed Simplified Report and provide all required proof by _____ or your Supplemental Nutrition Assistance Program (SNAP) and Cash Assistance case, if applicable, may be closed.

**How to complete Your Simplified Report over the Telephone:**

1. Call 1-833-DCFS4U2 by _____ Don't wait!
2. Call between 8:00 am and 2:00 pm, Monday through Friday

**How to complete Your Simplified Report Online:**

2. If you already have an account, log in using your User ID and Password and skip to Step 12. If you do not have an account, continue to Step 3.
3. To create a new account, click the link that says, “If you don’t have an account already, click here to get started!”
4. Review the information on the screen and click ‘Next’.
5. Click the ‘Create Account’ button to continue.
6. Complete Step 1: Your Personal Information.
7. Complete Step 2: User ID, Password, and PIN.
10. Click the ‘Create Account’ button to continue.
11. Set up your Security Questions and Answers (write them down) and then click Submit.
13. Click ‘Apply Now’ and follow the prompts.

We will use this information to make sure that you are still eligible and are receiving the correct amount of benefits. Reported changes may result in a reduction or termination of benefits. You must report certain changes that have occurred since your last application.

If you need help completing your Simplified Report or for more information about programs and services or for specific information about your case, call 1-888-524-3578.
SECTION 1 - Change in Address and Housing Expenses

1. Is the mailing address shown above correct? □ YES □ NO
   Have you moved? □ YES □ NO
2. If you have moved or the address shown above is not correct, complete the information below:

   Street or Rural Route       Apt. or Lot#       City and State       Zip Code

3. Mailing address if different from above:

4. Home Phone number (       ) ___________________ E-mail address ___________________

   Other Phone Number: (       ) ___________________

Answer the following questions ONLY if you have moved and you have listed a new residential address.

If you have moved, you must report changes in your shelter costs. If you do not tell us about the expenses of your new home, you will not get a deduction for those expenses.

□ Rent/Mortgage $ ____________________ □ Electricity/Gas $ ____________ □ Telephone $ ____________
□ Property Tax $ ____________________ □ Home Owner/Flood Insurance $ ________________
□ Condominium/HOA Fees $ ________________ □ Water/Sewage $ ________________

Does your household pay a utility bill for using heating or air conditioning in your new home?

□ Yes    □ No

SECTION 2 - Household Members - Below are the names of all people part of your SNAP case. Review the names and check “Yes” if they still live with you or “No” if they do not.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tbody>
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</tbody>
</table>

List all of the people living in the house below. (Attach a separate piece of paper if you need more room.)

<table>
<thead>
<tr>
<th>Name</th>
<th>Date of Birth</th>
<th>Do you buy &amp; prepare food separately?</th>
<th>SSN</th>
<th>Relationship To You</th>
<th>U.S. Citizen</th>
<th>Date Moved In</th>
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<td>Yes</td>
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</table>
SECTION 3 - Earned Income. Attach proof if you answer yes to any of the questions below. 
The gross monthly income (amount before taxes) being used to determine your benefits is listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Employer Name</th>
<th>Monthly Earned Income</th>
<th>Hours Worked Per Week</th>
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Has the amount of income from a job changed by more than $100 per month for anyone?
☐ Yes ☐ No ☐ Not Applicable
If Yes, for whom? __________________________ When? __________________________
What is the new amount? __________________________

Has anyone started or stopped a job?
☐ Yes ☐ No ☐ Not Applicable
If Yes, who? __________________________ When? __________________________
New Employer __________________________ What is the new income amount? __________________________

Has the number of hours worked changed to less than 20 hours per week?
☐ Yes ☐ No ☐ Not Applicable
If Yes, for whom? __________________________ When? __________________________

SECTION 4 - Unearned Income. Attach proof if you answer yes to any of the questions below. 
The unearned monthly income being used to determine your benefits is listed below.

<table>
<thead>
<tr>
<th>Name</th>
<th>Type of Unearned Income</th>
<th>Monthly Unearned Income</th>
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<tbody>
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</table>

Has the amount of income from unemployment, pensions, disability, Social Security, SSI, contributions, child support, or other sources changed by more than $100 per month for anyone?
☐ Yes ☐ No ☐ Not Applicable
If Yes, whose income changed?
Source __________________________ What is the new amount? __________________________

Has anyone started or stopped receiving income from unemployment, pensions, disability, Social Security, SSI, contributions, child support, or other sources?
☐ Yes ☐ No ☐ Not Applicable
If Yes, who? __________________________
Source __________________________ What is the new amount? __________________________

SECTION 5 - Child Support Obligation - The total amount of child support expenses used to determine your benefit amount is $ __________________________ .
Has any household member had a change in his/her legal obligation to pay child support? ☐ Yes ☐ No
If yes, attach proof.

SECTION 6 - Resources - If the total amount of money that the members of your household have in cash, savings accounts, checking accounts, stocks, and bonds increased to more than $2500 ($3750 for elderly or disabled households), enter the total amount here $ __________________________

SECTION 7 – Lottery or gambling winnings - Has anyone received lottery or gambling winnings of $3750 or more, won in a single game before taxes or other withholdings? ☐ Yes ☐ No
SECTION 8 - Social Security Numbers
Social Security Numbers (SSNs) are used to collect information from sources other than the DCFS to check identity of household members, to prevent households from getting more benefits than they are entitled to, and to identify groups of cases that must be adjusted. SSNs are used in program reviews, audits, and computer matching with other agencies such as Louisiana Workforce Commission, Social Security Administration, and Internal Revenue Service. Collection of SSNs is authorized under the Food and Nutrition Act of 2008, (7 U.S.C. 2011-2036), as amended. Under the Privacy Act of 1974 (P.L. 93-579), SSNs may be released for various reasons directly connected to the administration of the Child Support Enforcement Program.

SECTION 9 – Non-Applicant Household Member
You will not have to provide Social Security Numbers for any household members who are not eligible because of immigration status and who are not asking for benefits. You will not have to provide immigration status information or documents for any household members who are not eligible because of immigration status and who are not asking for benefits. If a member of your household does not wish to provide information about his/her citizenship or immigration status, he or she will not be eligible for benefits. Other family or household members may still receive benefits, if they are otherwise eligible. You can apply for and get benefits for eligible household members even if your household includes other members who are not eligible because of immigration status.

SECTION 10 – Penalty Warnings and Signature
By signing this form:
● I understand and certify, under penalty of perjury, that all my answers on this form are correct and complete to the best of my knowledge and I agree to provide all documents to complete my simplified report.
● I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to $250,000, I may have to pay back benefits if I was not eligible to receive them, the first time I break the rules on purpose I will not be able to get food assistance for one year, the second time two years and after the third time I will not be able to receive food assistance again.

Client’s Signature

Date

Signature of other person completing Form or Witness

Did you remember to:
● Answer all of the questions
● Sign and date your form
● Send required proof

How to submit the Simplified Report form to the Department of Children and Family Services (DCFS):

By Mail: DCFS/ES/Document Processing Center
P.O. Box 260031
Baton Rouge, LA 70826-9918

By Fax: (225)663-3164

In Person: Any DCFS Office
This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the State Information/Hotline Numbers (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.
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.

<table>
<thead>
<tr>
<th>Signature or Mark</th>
<th>Name Typed or Printed</th>
<th>Date</th>
</tr>
</thead>
</table>

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.
Louisiana Voter Registration Application  
(LA-VRA - Rev. 6/19)

<table>
<thead>
<tr>
<th>OFFICIAL USE ONLY:</th>
<th>WD:</th>
<th>PCT:</th>
<th>REG. TYPE:</th>
<th>INOUT:</th>
<th>REG #</th>
</tr>
</thead>
</table>

Reason for Application: [ ] New Voter Registration  [ ] Updating Voter Registration

Eligibility
1. Are you a citizen of the United States of America? [ ] Yes  [ ] No
2. Will you be 18 years of age or before election day? [ ] Yes  [ ] No

If you checked ‘No’ in response to either of 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 16.)

Name
2. LAST NAME: ____________________________  FIRST NAME: ____________________________
   FULL MIDDLE OR MAIDEN NAME: ____________________________  SUFFIX (Sr., Jr., II):

Residence Address
3. HOUSE #: ____________________________  STREET: ____________________________  ZIP CODE: ________
   CITY/TOWN: ____________________________  STATE: LA  ZIP CODE: ________

Give Location (If Necessary)

Mailing Address
3. Check if no postal service at your residence address above and supply mailing address here.
   HOUSE #: ____________________________  STREET: ____________________________  ZIP CODE: ________
   CITY/TOWN: ____________________________  STATE: ____________________________  ZIP CODE: ________

Date of Birth

Party Affiliation
8. [ ] DEMOCRAT  [ ] GREEN  [ ] INDEPENDENT  [ ] LIBERTARIAN  [ ] REPUBLICAN  [ ] NO PARTY
   [ ] OTHER (Specify): ____________________________

Place of Birth
9. CITY/TOWN: ____________________________  STATE: ____________________________
   COUNTY: ____________________________  COUNTRY: ________________

Mother’s Maiden Name
10. ____________________________  11. Email: ____________________________

LA D/LID Card #
13. [ ] I do not have a LA D/LID card.
14. Do you need assistance in voting? [ ] No  [ ] Yes, Reason: ____________________________

Last Residence Address
15. HOUSE #: ____________________________  STREET: ____________________________
   CITY: ____________________________  STATE: ____________________________
16. Place of Last Registration
   CITY: ____________________________  STATE: ____________________________
   PARISH/ COUNTY: ____________________________

Former Registered Name, if any
17. ____________________________

Affirmation and Signature
I 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. 18:1411.2, that I am not currently under a judgment of full incapacitation or limited incapacitation 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 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.

Applicant
Signature: ____________________________
Date: ____________________________

Witnesses
(If your signature is a mark, you must have two witnesses sign.)
19. Witness #1
   Signature: ____________________________
   Print Name: ____________________________
20. Witness #2
   Signature: ____________________________
   Print Name: ____________________________

* If you do not have a LA driver’s license or LA special ID, the last four digits of your social security number are required if you have one. Full SSN 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
[ ] New Registration  [ ] Updated Registration: [ ] Address Change  [ ] Name Change  [ ] Party Change  [ ] Change in Assistance in Voting  [ ] Other

REMARKS:

CIRCLE ONE:  PA  MV  RG  SDA  SS (Disability)  Received by: ____________________________  Date: ____________________________

Provided by the Louisiana Secretary of State
Approved by the Louisiana Attorney General

LA-VRA - Rev. 6/19
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. 10:1461.2, 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 gray section numbers on this page correspond to the gray 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 checked “No” in response to either of these questions, do not complete this 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.”

3. 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.

4. 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.

5. Birthdate - Print your date of birth. The month and day of your birth remains confidential by law.

6. 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 required and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number or a LA DL or ID and this form is submitted by mail, and you are registering to vote for the first time, in order to avoid additional identification requirements for first time voters you must attach 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 remains confidential and is only used for registration purposes.

7. 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 with which 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 political 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. Emails 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 DUID 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 DUID 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, 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 - It 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 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 26th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.

Provided by the Louisiana Secretary of State

Approved by the Louisiana Attorney General

LA-VRA - Rev. 6/19
WAGE VERIFICATION
TO BE COMPLETED BY EMPLOYER IF CHECK STUBS ARE NOT AVAILABLE

Name of Employee ___________________________ SSN __________

Name of Employer ___________________________ Date Employment Started ______

Check how often employee is paid (i.e. Pay Period):
☐ Weekly ☐ Every two weeks ☐ Twice monthly ☐ Once monthly

Is employee paid by Direct Deposit? ☐ Yes ☐ No If yes, at what bank or credit union? _______________

If employment is new:
Number of hours expected to work Per WEEK _______ Per PAY PERIOD _______ Hourly rate of pay _______

Number of hours of overtime expected to work Per WEEK _______ Per PAY PERIOD _______

Hourly rate of overtime pay ______________

If Tips are expected to be received, amount of Tips expected Per WEEK _______ Per PAY PERIOD _______

Complete chart below to show wages for the last 4 pay periods.

<table>
<thead>
<tr>
<th>Pay Period Ending</th>
<th>Date Wages Received</th>
<th>Hours Worked</th>
<th>Hourly Pay Rate</th>
<th>Gross Pay</th>
<th>Tips Received</th>
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Are you aware of any other income this person may be receiving? ☐ Yes ☐ No
If yes, source and amount. __________________________________________________________

If employment terminated, give date and reason no longer employed. __________________________

Date Signed ___________ Employer’s Signature ___________ Employer’s Phone Number ___________

Employer’s Printed Name or Stamp __________________________________
