

Louisiana Department of Health

Application for Assistance

Check only those programs for which you are applying:

- Family Independence Temporary Assistance Program (FITAP)
- Kinship Care Subsidy Program (KCSP)
- Supplemental Nutrition Assistance Program (SNAP) (formerly the Food Stamp Program)

You can begin to apply and establish your application date by filling in your name, address and signature below and give this form to us today. It will help us to process your application faster if you also give us a telephone number where you can be reached during the day and **provide a copy of a photo ID or other proof of identity.**

Can you read and understand English? (¿Puede leer usted y poder comprender ingles?) Yes (Sí) No

If No, what language can you read and understand?

(¿Si no, qué idioma le puede lee y comprende?) _____

(Last Name)	(First Name)	(Middle)	Social Security #
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Street or Rural Route	Apt. or Lot#	City and State	Zip	Phone#
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Mailing Address if different from above: _____

I certify under penalty of perjury, the truth of the information contained in this application, including the information concerning citizenship and alien status of the members applying for benefits.

Your Signature

What if you need SNAP benefits right away?

We may be able to get SNAP benefits to you within 7 days of the date you apply if you qualify. You may qualify if:

- The total amount of money you have received or expect to receive this month is less than \$150 and you have \$100 or less in liquid resources such as cash, savings or checking accounts; or
- Your household's rent/mortgage and utilities are more than your total income and resources; or
- Your household includes migrant or seasonal farm workers.

If any of the above describes your household, answer the following questions:

1. What is the total amount of money that your household will receive this month? Include money from all sources such as earned income, contributions, Social Security, SSI, VA, etc. \$ _____
2. How much money does your household have in liquid resources? Include cash on hand, checking accounts, savings accounts, etc. \$ _____
3. How much is your household's monthly rent or mortgage? \$ _____
4. Do you pay for utilities, such as electricity, gas, water, etc.? Yes No
5. Do you pay utility costs for heating or air conditioning? Yes No
6. Do you pay telephone expenses? Yes No
7. Is anyone in your household a migrant or seasonal farm worker? Yes No

A. Tell Us About You

This information is requested solely for the purpose of determining LDH compliance with Federal civil rights laws. Your response will not affect consideration of your application and may be protected by the Privacy Act. The information is being collected to assure that program benefits are distributed without regard to race, color, or national origin.

Do you need a new Louisiana Purchase Card? Yes No

First Name _____ Middle Initial _____ Last Name _____ Maiden or Other Name _____

Mailing Address _____ Apt/Lot No. _____ City _____ State _____ Zip Code _____

Home Address (If different from mailing) _____ Apt/Lot No. _____ City _____ State _____ Zip Code _____
(_____) (_____) (_____)

Home Telephone Number _____ Cell Telephone Number _____ Work or Other Telephone Number _____

Social Security Number _____ Parish of Residence _____

Date of Birth _____ E-mail Address _____

Sex: Male Female **Marital Status:** Married Separated Divorced Widowed Never Married

Student? Yes No

Highest grade level completed in school? _____

Ethnicity: Hispanic/Latino? Yes No

Racial Heritage (check all that apply):
 Asian American Indian/ Alaskan Native
 White Black or African American
 Native Hawaiian/Pacific Islander

U.S. Citizen? Yes No

If no, do you have Immigration papers? Yes No

Date of entry in U.S.: _____

Would you like a copy of your application? Yes No

If yes, what format would you like the copy of your application?

Paper Electronic

Are you homeless? Yes No

“A homeless individual” is an individual who lacks a fixed and regular nighttime residence, including, but not limited to, an individual who will very soon lose their nighttime residence or an individual whose primary nighttime residence is:

- (1) A supervised shelter for temporary stay, such as a welfare hotel, emergency, transitional, or congregate shelter;
- (2) A halfway house or similar institution that provides temporary residence for individuals intended to be institutionalized;
- (3) Temporary housing for not more than 90 days in the home of someone else; or
- (4) A place not designed for regular sleeping such as cars, parks, public spaces, abandoned buildings, substandard housing, bus or train stations, or similar settings.

Are you an LDH employee, or are you related to an LDH employee?

Yes No

B. Tell Us If You Have An Authorized Representative

An Authorized Representative is someone you allow us to talk with about your SNAP. 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		Relationship to Applicant	() Telephone Number
Address	City	State	Zip Code

C. Tell Us About The Other People In Your Household – Do Not Include Yourself

List everyone else who lives in your household, even if you are not applying for them. This information is requested solely for the purpose of determining LDH compliance with Federal civil rights laws. Your response will not affect consideration of your application and may be protected by the Privacy Act. The information is being collected to assure that program benefits are distributed without regard to race, color, or national origin.

Don't miss out on No Cost Health Insurance. If you answer the question below, we will share what you entered on this application with the Louisiana Department of Health (LDH) Medicaid. LDH Medicaid will sign up anyone who qualifies and send you a letter with more information about the Medicaid program. Children and adults (under age 65 without Medicare) may qualify.

PLEASE ANSWER THE QUESTIONS BELOW

- Yes, please share my information with LDH Medicaid so I do not need to complete another application.
- No, please do not share my information. Do not help me get Medicaid.

Household Members (Enter Name)			Relation to you (NR=Not Related)	Birth Date	Social Security Number	Sex (M/F)	US Citizen? (Yes/No)	ED Level	Marital Status	Race /Ethnic Code
Last	First	MI	Complete these sections only for those who need benefits							

Race: (You may select more than one race)	Ethnicity:
AN = Alaskan Native WH = White BL = Black or African American	Y = Hispanic or Latino
AI = American Indian AS = Asian PI = Native Hawaiian or other Pacific Islander	N = Not Hispanic or Latino
ED Level: List highest grade completed or GED/college	
<i>If you need more space for additional household members, you can write the information on plain paper or ask for an "Additional Household Members Form"</i>	
D. Tell Us About Your Household	
<i>Please answer the following questions for yourself and everyone else in your home.</i>	
1. Are you or anyone in your household a fleeing felon?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are you or anyone in your household in violation of their probation or parole?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you or anyone in your household been convicted as an adult for a felony that occurred after February 7, 2014, for one of the following crimes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Aggravated sexual abuse under section 2241 of title 18, U.S.C.; Murder under section 1111 of title 18, U.S.C.; Sexual exploitation and other abuse of children under chapter 110 of title 18, U.S.C.; A Federal or State offense involving sexual assault, as defined in section 40002(a) of the Violence Against Women Act of 1994 (42 U.S.C. 13925(a)); An offense under State law determined by the Attorney General to be substantially similar to an offense listed above.	
If yes, who? _____	
Is this person in compliance with terms of their sentence?	<input type="checkbox"/> Yes <input type="checkbox"/> No

4. Have you or anyone in your household been disqualified or had their benefits reduced or stopped for breaking the rules of SNAP, FITAP, KCSP, or SSI? Yes No

5. Do you or anyone in your household have a disability? Yes No

6. Are you or anyone in your household pregnant? Yes No
 If **yes**, who? _____ Due date: _____

7. Does anyone in your household attend high school, college, vocational or technical school? Yes No
 If **yes**, complete the following for each student:

a. _____
 Name of Student Name of School and Program of study
 How many hours does the student attend school each week? _____
 Is this considered full or part-time? Full-time Part-time

b. _____
 Name of Student Name of School and Program of study
 How many hours does the student attend school each week? _____
 Is this considered full or part-time? Full-time Part-time

8. Do you usually buy food and prepare your meals with everyone who lives with you? Yes No
 If **no**, who buys and prepares their food separately? _____

9. Have you or anyone in your household received cash assistance or SNAP benefits in Louisiana or from another state? Yes No
 If **yes**, who? _____
 When and in what state? _____

10. Do you or anyone in your household have an application pending for any benefits that you are not receiving yet? Yes No

E. Tell Us About Your Household's Work

Tell us about any money received by you or anyone in your household for work including full-time, part-time, temporary, or seasonal jobs, self-employment, training, military reserve pay, or work study. This includes money received from wages, salaries, tips, or commissions.

1. Do you or anyone in your household work? Yes No

Complete the following information for **each person** who works for an employer. If anyone works for more than one employer, complete a separate block for each employer. Use plain paper if you need more space.

2. Person Who Works For An Employer

Name _____ Start Date _____

Employer's Name _____ Phone # _____

Address _____

How often paid? Weekly Every two weeks Twice monthly
 Monthly Other _____

Are reimbursements received? Yes No

of hours worked per week _____ Hourly wage _____

of days worked per week _____

Do you ever work overtime? Yes No

If yes, how often? _____ How many hours? _____

Are tips earned? Yes No

If yes, how much? _____ How often? _____

Is this Work Study? Yes No

3. Person Who Works For An Employer

Name _____ Start Date _____

Employer's Name _____ Phone # _____

Address _____

How often paid? Weekly Every two weeks Twice monthly
 Monthly Other _____

Are reimbursements received? Yes No

of hours worked per week _____ Hourly wage _____

of days worked per week _____

Do you ever work overtime? Yes No

If yes, how often? _____ How many hours? _____

Are tips earned? Yes No
If yes, how much? _____ How often? _____
 Is this Work Study? Yes No

4. Is anyone on strike? Yes No
 5. Has anyone in your household (including you) stopped working in the last 60 days? Yes No

*Complete the following information for **each person** who is self-employed. This includes fishermen, child care providers, hair dressers, and people who do odd jobs such as cutting grass, picking up cans, etc. Use plain paper if you need more space.*

6. Persons Who Are Self-Employed	
Name	Name
Type of Business	Type of Business
Monthly Business Income	Monthly Business Income
Monthly Business Expenses	Monthly Business Expenses
# Hours Worked Per Week	# Hours Worked Per Week

7. Is anyone in your household (including you) looking for work? Yes No
8. Is anyone in your household a migrant or seasonal farm worker? Yes No
9. Do you or anyone in your household rent a room? Yes No
10. Do you or anyone in your household pay someone else in your home for meals? Yes No

F. Tell Us About Other Income

1. Do you or anyone in your household receive money from a source other than work? Yes No
- If yes**, check each type of income.
- | | |
|--|---|
| <input type="checkbox"/> Annuity Income | <input type="checkbox"/> Roomer/Boarder |
| <input type="checkbox"/> Child Support Income | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Contributions From Family/Friends | <input type="checkbox"/> Scholarships/Grants/School Loans |
| <input type="checkbox"/> Disability Insurance Benefits | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Energy Check | <input type="checkbox"/> Spousal Support/Alimony |
| <input type="checkbox"/> Interest Income | <input type="checkbox"/> Tribal Money |
| <input type="checkbox"/> Loans | <input type="checkbox"/> Training Allowance (WIOA) |
| <input type="checkbox"/> Military Allotment | <input type="checkbox"/> Trust Income |
| <input type="checkbox"/> Oil Lease/Royalties | <input type="checkbox"/> Unemployment Benefits |
| <input type="checkbox"/> Railroad Benefits | <input type="checkbox"/> Veterans Benefits |
| <input type="checkbox"/> Rental Income | <input type="checkbox"/> Workers Compensation |
| <input type="checkbox"/> Retirement Pension | <input type="checkbox"/> Other |

2. *For each box checked in #1 of this section above. Include any money you expect to receive in the next 30 days.*

Name	Type Of Income	Amount	How Often (Weekly, Monthly, etc)	Do You Expect This Income To End
				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?
				<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?

3. Is someone court-ordered to pay child support to you or anyone in your household? Yes No
4. Do you or anyone in your household receive any money from a child's parent who is not court-ordered to pay? Yes No

G. Tell Us About Your Expenses

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

HOUSING EXPENSES

1. Check each type of housing expense that you or anyone in your household has.
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Rent | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Mortgage(s), (if buying) | <input type="checkbox"/> Gas |
| <input type="checkbox"/> Lot Rent | <input type="checkbox"/> Sewer |
| <input type="checkbox"/> Homeowner's Insurance | <input type="checkbox"/> Water |
| <input type="checkbox"/> Flood Insurance | <input type="checkbox"/> Garbage |
| <input type="checkbox"/> Property Tax | <input type="checkbox"/> Telephone |
| <input type="checkbox"/> Condominium Fees | <input type="checkbox"/> Other |

2. For each box checked in #1 of this section, complete the following information.

Type Of Housing Expense	Name and Phone Number of Person or Company Paid	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)

3. Do you pay housing expenses for a home you are no longer living in but plan to return to? Yes No
4. Is your household responsible for paying a utility bill for using a heater or air conditioner? Yes No
5. Does anyone help you pay your housing expenses? Yes No
6. Do you receive energy assistance? Yes No
If yes, is the assistance through the Low-Income Home Energy Assistance Program (LIHEAP)? Yes No
7. Is any of the rent you pay used to pay utilities? Yes No

DEPENDENT CARE EXPENSES

1. Do you or anyone in your household pay someone to care for a child, or an adult who is elderly or disabled, so that you or a household member can work, attend training or school, or look for work? Yes No
2. **If yes**, complete the following information.

Paid For Whom	Name And Telephone Number Of Person Paid	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)

CHILD SUPPORT EXPENSES

1. Does anyone in your household pay court-ordered child support? Yes No
If yes, complete the following information.

Who Pays	Paid to Whom	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)

MEDICAL EXPENSES

*We can allow a medical deduction in your SNAP case for each household member who has a disability or is over the age of 59. A deduction may be given for medical expenses that are **more than \$35.00 per month.***

1. Is there anyone in your household who has a disability or is over the age of 59? Yes No

If yes, answer the questions in this section.

If no, skip to the Household Resources section on the next page.

2. Does this person have to pay medical expenses? Yes No

a. **If yes**, do you want to verify these expenses so that you can receive a medical deduction? Yes No

b. Check each medical expense that this person has.

- | | |
|--|---|
| <input type="checkbox"/> Dental Bills | <input type="checkbox"/> Prescribed Medicine |
| <input type="checkbox"/> Hospital Bills | <input type="checkbox"/> Prescription Drug Plan |
| <input type="checkbox"/> Health Insurance or Medicare Premiums | <input type="checkbox"/> Premium |
| <input type="checkbox"/> Medical Appliances | <input type="checkbox"/> Nursing Home |
| | <input type="checkbox"/> Other |

3. *For each box checked in # 2 above, complete the following information.*

Names	Type of Expense	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)

Medical Transportation Expense is money spent for trips to the doctor, hospital, drug store, etc. This includes miles driven in your own vehicle.

4. Does any elderly or disabled person listed on previous page have medical transportation costs? Yes No
- a. Does this person use their own vehicle or a household member's vehicle? Yes No
- b. **If yes**, complete the following information.

Name Of Person	List All Places Visited For Medical Purposes (Ex. Doctors, Drug Store, Hospital, Etc.)	# Of Miles Traveled Round Trip	Number Of Visits Per Month

- c. Does this person pay someone other than a household member for medical transportation? Yes No
- d. **If yes**, complete the following information.

Name Of Person	Who is Paid	Where Does This Person Go	How Much Does This Person Pay Per Trip	How Many Trips Does This Person Pay For Each Month

If you need more space, you can write the information on plain paper.

5. Will you or anyone in your household be reimbursed for any of the medical expenses listed above? Yes No
6. Does anyone help pay the medical expenses? Yes No

H. Tell Us About Your Household's Resources

Resources include cash, money in the bank, Certificates of Deposit, stocks, and bonds. Resources do not include personal property such as jewelry, furniture, electrical equipment, or clothing.

1. Check each resource listed below that you or anyone in your household has.

- | | |
|---|--|
| <input type="checkbox"/> Bank/Credit Union Account (Checking) | <input type="checkbox"/> Cash On Hand |
| <input type="checkbox"/> Bank/Credit Union Account (Saving) | <input type="checkbox"/> Certificate Of Deposit (CD) |
| <input type="checkbox"/> Joint Account | <input type="checkbox"/> Money Market Account |
| <input type="checkbox"/> Bonds | <input type="checkbox"/> Mutual Funds |
| | <input type="checkbox"/> Savings Bond |
| | <input type="checkbox"/> Stocks |

2. For each box checked above, complete the following information.

In Whose Name Is The Resource Listed	Type Of Resource	How Much Is It Worth	Where Is The Resource (Include Name Of Bank Or Company, Where Money Is Held, Address Of Property, Etc.)

3. Have you or anyone in your household received a Federal tax refund in the last twelve months? Yes No
4. Have you or anyone in your household received or do you or anyone in your household expect to receive a lump sum of money? Yes No
5. Does your name or the name of anyone in your household appear on a bank/credit union account with someone else? Yes No
- a. **If yes**, whose names are on the account? _____
- b. Why is this name on the account? _____
- c. Does someone else make deposits into this account? Yes No
- d. **If yes**, who and how much per month? _____

6. Have you or anyone in your household sold, traded, given away, or transferred a resource in the last three months? Yes No

IF YOU ARE APPLYING FOR SNAP BENEFITS ONLY, SKIP TO PAGE 17.

**COMPLETE THIS PAGE ONLY IF YOU ARE APPLYING
FOR FITAP OR KCSP**

I. FITAP or KCSP

1. Are you applying for FITAP or KCSP? Yes No
If yes, complete this page. **If no**, skip to page 17.
2. Do you or anyone in your household need to get away from an abusive situation? Yes No
3. Are immunizations current on all children? Yes No
If no, who? _____ Why? _____

COLLATERALS

4. Please complete the following information for two people who are not related to you who can verify your household situation.

Name	Address	Daytime Phone Number

CUSTODY

5. If you are not the parent of the child(ren) for whom you are applying, do you have custody? Yes No
- a. **If yes**, complete the following information.

Children For Whom You Have Custody	Type Of Custody	Effective Date Of Custody

A non-custodial parent is a parent who does not live in the home with his/her child. Tell us about the non-custodial parent(s) of each child living in your home. This includes both mother and father if you are not the parent of the child(ren). If a child's biological father and legal father are not the same person, give the requested information for both fathers.

6. Non-Custodial Parent Information

Name Social Security Number Date of Birth

Name(s) of Children

Parental Relationship (relationship of children's parents):

Married Widowed Never Married Divorced

7. Non-Custodial Parent Information

Name Social Security Number Date of Birth

Name(s) of Children

Parental Relationship (relationship of children's parents):

Married Widowed Never Married Divorced

8. Non-Custodial Parent Information

Name Social Security Number Date of Birth

Name(s) of Children

Parental Relationship (relationship of children's parents):

Married Widowed Never Married Divorced

Read Carefully And Sign Below

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge, including the information I have given regarding the felony conviction of certain crimes and the U.S. citizenship or immigration status of all household members. I understand that I and any adult household member will be subject to disqualification and prosecution and will be required to repay ineligible benefits if we knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain financial or food assistance. By signing this application, I give permission for the release of information to the Louisiana Department of Health by any persons or agencies who have knowledge of my circumstances.

Remember, you must turn in proof of the information you reported on this application form and verification of your

Your Signature (or mark)

Date Signed

Signature (or mark) of your wife or husband

Date Signed

Signature of Minor Unmarried Parent

Date Signed

If you, or your wife or husband, sign with an “X” mark, ask two people to witness the mark; if applicant is blind, ask three people to witness.

Witness

Date Signed

Witness

Date Signed

Witness

Date Signed

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

Signature

Relationship

Signature of Agency Representative

Date

Community Partner

Community Partner ID

How to submit the Application for Assistance to the Department of Health (LDH):

 <p>Upload</p> <p>www.dcfsl.a.gov/CAFE</p>	 <p>In Person</p> <p>Find office: www.ldh.la.gov/directory</p>
 <p>Mail</p> <p>LDH ES Document Processing Center PO Box 260031 Baton Rouge, LA 70826- 9918</p>	 <p>Fax</p> <p>225-663-3164</p>

Are you able to complete an interview by Phone? Yes No

What is the best time to call you during the weekday?

- | | |
|--|--|
| <input type="checkbox"/> Early Morning (7AM – 9AM) | <input type="checkbox"/> Late Morning (9AM – 12PM) |
| <input type="checkbox"/> Lunch Time (12PM – 1PM) | <input type="checkbox"/> Early Afternoon (1PM - 3PM) |

Late Afternoon (3PM – 5PM)

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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 Louisiana Department of Health at 1-888-LAHELPU or 1-888-524-3578.

Voter Registration continued

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 LDH ES Document Processing Center at P.O. Box 260031, Baton Rouge, LA 70826-9918.

NOTE: THE LOUISIANA CONSTITUTION PROHIBITS NON-CITIZENS FROM REGISTERING AND VOTING. THEREFORE, IT IS ILLEGAL FOR NON-CITIZENS TO REGISTER AND VOTE IN LOUISIANA.

Signature or Mark	Name Typed or Printed	Date
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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. 08/25)

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. NO. _____

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? 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 18.)
 Will you be 18 years of age on or before election day? Yes 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 #: _____
 CITY/TOWN: _____ STATE LA ZIP CODE: _____
 3. Check if no postal service at your residence address above and supply mailing address here.
Mailing Address (If different from Residence Address)
 HOUSE # & STREET (P.O. BOX): _____ UNIT/APT #: _____
 CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

Give Location (If Necessary)

Date of Birth 4. MM / DD / YYYY 5. *SSN XXX - XX - XXXX 6. Sex M F 7. Race (Optional) WHITE BLACK ASIAN HISPANIC AMERICAN INDIAN OTHER _____

Party Affiliation 8. DEMOCRAT GREEN LIBERTARIAN REPUBLICAN NO PARTY OTHER (Specify) _____
 9. **Place of Birth** CITY/TOWN: _____ STATE: _____
 PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name 10. _____ 11. **Email** _____ 12. **Phone** Home: (____) _____ - _____
 Other: (____) _____ - _____

LA DL/ID Card # 13. _____ 14. **Do you need assistance in voting?** No Yes, Reason: _____
 I do not have a LA DL/ID card,

Last Residence Address 15. HOUSE # & STREET: _____ STATE: _____
 CITY: _____ 16. **Place of Last Registration** STATE: _____ PARISH/COUNTY: _____
 17. **Former Registered Name, if any** _____

Attestation and Signature (Read and sign or make your mark.)
 18. I do hereby solemnly swear or attest 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.
 Applicant Signature: _____ Date: _____

Witnesses (If your signature is a mark, you must have two witnesses sign.)
 19. Witness #1 Signature: _____ Witness #1 Print Name: _____
 Witness #2 Signature: _____ Witness #2 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 to Assistance in Voting Other

REMARKS: _____

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



Louisiana Voter Registration Application

(LA-VRA - Rev. 08/25)

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 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.
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 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.*
6. **Sex** - Check male or female *(for statistical purposes only).*
7. **Race** - Race/Ethnic origin is optional *(for statistical purposes only).*
8. **Party Affiliation** - You may choose to affiliate with the Democrat, Green, 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." If you do not complete this section or if you write "Independent," 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, 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. **Attestation and Signature** - Read the attestation 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 attesting 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. Whenever a document required or provided for in the Louisiana Election Code is required to be witnessed, the witness shall be at least 18 years of age (R.S. 18:4(A)).

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.geauxvotes.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.geauxvotes.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.