	Agency Name	Office of Family Support (OFS)
	Chapter No./Name	04 – Family Assistance Manual (FAM)
	Part No./Name	C. CASE PROCESSING
	Section No./Name	C-600-FITAP-SNAP APPLICATION PROCESSING
	Document No./Name	C-690-SNAP Application Processing-Reminders
	Effective Date	March 1, 2017

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 [LR-1 & 1M](#), 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.

NOTE: IF AN ONLINE APPLICATION WAS SUBMITTED AND THE CLIENT RESPONDED TO QUESTIONS WHICH REQUIRED FOLLOW-UP QUESTIONS TO BE ASKED, SUCH AS QUESTIONS THAT APPEAR ON THE FORM [OFS 4 SUPPLEMENT](#), THESE QUESTIONS MUST BE ASKED AND DOCUMENTED ON THE ONLINE APPLICATION.

- REVIEW THE CLIENT'S RIGHTS AND RESPONSIBILITIES AND DOCUMENT IN CAFÉ. RESPOND TO ANY QUESTIONS THE APPLICANT HAS.
- 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 HIS RIGHT TO APPEAL ANY ACTION BY THE DEPARTMENT.
- EXPLAIN THE SIMPLIFIED REPORTING REQUIREMENTS.
- EXPLAIN TO THE APPLICANT THAT HE WILL BE NOTIFIED OF THE LENGTH OF THE CERTIFICATION PERIOD AND THAT HE WILL RECEIVE A NOTICE OF EXPIRATION BEFORE THE END OF THE CERTIFICATION PERIOD.
- DURING THE INTERVIEW ENSURE THAT THE CLIENT WAS ASKED IF THEY WOULD LIKE TO REGISTER TO VOTE. PROVIDE ASSISTANCE WITH COMPLETING A VOTER REGISTRATION APPLICATION [LR-1 & 1M](#) UNLESS ASSISTANCE IS REFUSED.
- IF THE APPLICANT RETURNS THE FORM [LR-1 & 1M](#) TO THE PARISH OFFICE:
 - REVIEW THE VOTER REGISTRATION APPLICATION FOR LEGIBILITY AND COMPLETENESS.

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- VERIFY THAT THE APPLICANT SIGNED THE VOTER REGISTRATION APPLICATION IN THE APPROPRIATE BOX.
 - IF THE [LR-1 & 1M](#) 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.
- DETACH THE TOP PORTION OF THE VOTER REGISTRATION APPLICATION AND RETURN IT TO THE APPLICANT.
- COMPLETE THE FOLLOWING INFORMATION ON THE REVERSE SIDE OF THE VOTER REGISTRATION APPLICATION UNDER "OFFICIAL USE ONLY":
 - SIGN ON THE LINE "RECEIVED BY:", AND
 - CIRCLE "PA" AS THE VOTER REGISTRATION AGENCY
- REFER TO CHAPTER 7, [C-200](#) FOR MORE INFORMATION ON VOTER REGISTRATION.

III. FORMS AND INSTRUCTIONS

[LR-1 & 1M Form/Instructions Louisiana Voter Registration Application](#)

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

[OFS 004 Supplement Form/Instructions Clearance Sheet](#)

IV. REFERENCES

[7 CFR 273.2](#)

[7 CFR 273.10](#)

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

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