

Date: _____
SSN: _____
CID: _____
Parish: _____
Caseload #: _____

LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES SIMPLIFIED REPORT

Important: You must complete a Simplified Report online at www.dcfslouisiana.gov/cafe or complete, sign, and return this form and all required proof by _____ or your Supplemental Nutrition Assistance Program (SNAP) and Cash Assistance case, if applicable, may be closed.

If You do not have a CAFÉ Account:

If you do not have a CAFÉ account already, you will need to set up your CAFÉ account by accessing the following link www.dcfslouisiana.gov/cafe and following these steps:

1. Click the link that says, 'If you don't have an account already, click here to get started!'
2. Review the information on the screen and click 'Next'.
3. Click the 'Create Account' button to continue.
4. Complete Step 1: Your Personal Information.
5. Complete Step 2: User ID, Password, and PIN.

**** Write your account information down for your records and do not share it with anyone. ****

6. Complete Step 3: Security Check.
7. Complete Step 4: User Acceptance Agreement (be sure to check the box).
8. Click the 'Create Account' button to complete the process.
9. Set up your Security Questions and Answers (write them down) and

then click Submit.

10. On the MyAccounts page, click 'My Simplified Reporting'.

11. Click 'Apply Now' and follow the prompts.

If You already have a CAFÉ Account:

If you already have an account, enter your User ID and password and click the LOGIN button to Sign-In which will take you to the MyAccounts page.

On the MyAccounts page, click My Simplified Reporting which will allow you to submit a Simplified Report.

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 this form or for more information about programs and services or for specific information about your case, call 1-888-LAHELPU (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. Phone number () _____ E-mail address _____

Answer the following questions only if you have moved and you listed a new address above. 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.

<input type="checkbox"/> Rent/Mortgage	\$ _____	<input type="checkbox"/> Electricity/Gas	\$ _____
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<input type="checkbox"/> Telephone	\$ _____	<input type="checkbox"/> Other	\$ _____
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Are you responsible for paying expenses for heating or air conditioning of your new home?

☐ Yes ☐ No

SECTION 2 - Household Members - Below are the names of all people we have living in your household. Review the names and check "Yes" if they still live with you or "No" if they do not.

	Yes	No		Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Write information for any new members below.

(Attach a separate piece of paper if you need more room.)

Name	Date of Birth	Do you buy & prepare food separately?	SSN	Relationship To You	U.S. Citizen	Date Moved In
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 3 - Earned Income. Attach proof if you answer yes to either question.

The gross income (amount before taxes) being used to determine your benefits is listed below.

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? _____

SECTION 4 - Unearned Income. Attach proof if you answer yes to

either question.

The unearned income being used to determine your benefits is listed below.

Has the amount of income from unemployment, pensions, disability, Social Security, SSI, contributions, child support, or other sources changed by more than 50? ☐ Yes ☐ No ☐ Not Applicable

If Yes, for whom? _____ 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 source? ☐ Yes ☐ No ☐ Not Applicable

If Yes, for whom? _____ 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 \$2250**, enter the total amount here. \$ _____.

SECTION 7 - 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 8 - 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**

Voter Registration

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes ☐ No ☐

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 the Department of Children and Family Services.

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.

Do you need help from DCFS with completing the voter registration application form?

Yes ☐ No ☐

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 Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125, Phone: (toll-free) 1-800-883-2805.

USE THIS FORM TO: 1) register to vote 2) change your address
3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be at least 17 years old to register but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 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 FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before election day.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' only if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Boxes 5 & 13: You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, 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, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 7, 11 & 12: The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

Box 8: If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may

specify any other party affiliation.

Box 17: If you are using this form to request a change of name, you must print the name to be changed here.

Box 18: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. 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. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.

LOUISIANA VOTER REGISTRATION APPLICATION LR-1 & 1M, FORM #100		OFFICIAL USE ONLY Wd / Dist _____ Pct _____ Reg Type _____ In/Out _____ REG # _____	
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.			
2 NAME OF APPLICANT (PLEASE PRINT NAME)			GIVE LOCATION
LAST	FIRST	FULL MIDDLE OR MAIDEN	
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)			
HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.)	CITY OR TOWN	STATE	ZIP
If NO mail delivery to residential address, check here: ()			

MAILING ADDRESS, IF DIFFERENT _____				
4 DATE OF BIRTH		5 * SOCIAL SECURITY # (CIRCLE ONE)		6 SEX (CIRCLE ONE)
MONTH	DAY	YEAR	NO	MALE
			YES # _____	FEMALE
7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)				
WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER: _____				
8 PARTY AFFILIATION (CIRCLE ONE)				
DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY) _____				
9 APPLICANT'S PLACE OF BIRTH				
CITY OR TOWN		PARISH OR COUNTY	STATE	COUNTRY
10 MOTHER'S MAIDEN NAME		11 **EMAIL	12 ** PHONE	
			HOME () DAY ()	
13 LA DRIVER'S LICENSE / I.D. #		14 Will you require assistance at the polls?		
(CIRCLE ONE)		(CIRCLE ONE)		
NO		NO		
YES # _____		YES IF YES, GIVE REASON : _____		
15 LAST RESIDENCE ADDRESS		16 PLACE OF LAST REGISTRATION		
ADDRESS		PARISH OR COUNTY		STATE
17 FORMER REGISTERED NAME, IF APPLICABLE _____				
AFFIRMATION: I do hereby solemnly swear or affirm that I am a United States citizen, that I am at least 17 years old, that I am not currently under an order of imprisonment for conviction of a felony, 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. Any false statement may constitute perjury.				
18 SIGN YOUR NAME IN BOX AT RIGHT.				
DATE: ____ / ____ / ____				
19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.				
WITNESS SIGNATURE:		WITNESS SIGNATURE:		
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL LR-1 & 1M (REV. 7/14) R.S. 18:104; FORM #100				

ACADIA

568 NW Court
Circle
Crowley, LA
70526-4363
(337) 788-8841

ALLEN

P. O. Box 150
Oberlin, LA
70655-0150
(337) 639-4966

ASCENSION

828 S. Irma Blvd.
- #205
Gonzales, LA
70737-3631
(225) 621-5780

ASSUMPTION

P. O. Box 578
Napoleonville,
LA 70390-0578
(985) 369-7347

AVOYELLES

312 N. Main St. -
#E
Marksville, LA
71351-2409
(318) 253-7129

BEAUREGARD

P. O. Box 952
DeRidder, LA
70634-0952
(337) 463-7955

BIENVILLE

P. O. Box 697
Arcadia, LA
71001-0697
(318) 263-7407

BOSSIER

P. O. Box 635
Benton, LA
71006-0635
(318) 965-2301

CADDO

P. O. Box 1253
Shreveport, LA
71163-1253
(318) 226-6891

CALCASIEU

1000 Ryan St. -
#7

Lake Charles, LA
70601-5250
(337) 721-4000

CALDWELL

P. O. Box 1107
Columbia, LA
71418-1107
(318) 649-7364

CAMERON

P. O. Box 1
Cameron, LA
70631-0001
(337) 775-5493

CATAHOULA

P. O. Box 215
Harrisonburg,
LA 71340-0215
(318) 744-5745

CLAIBORNE

507 W. Main St.
- Suite 1
Homer, LA
71040-3914
(318) 927-3332

CONCORDIA

4001 Carter St.,
Ste. K
Vidalia, LA
71373-3021
(318) 336-7770

DESOTO

105 Franklin St.
Mansfield, LA
71052-2046
(318) 872-1149

E. BATON**ROUGE**

222 St. Louis -
#201
Baton Rouge, LA
70802-5860
(225) 389-3940

E. CARROLL

P. O. Box 708
Lake
Providence, LA
71254-0708
(318) 559-2015

E. FELICIANA

P. O. Box 488
Clinton, LA
70722-0488
(225) 683-3105

EVANGELINE

200 Court St. -
Ste. 102
Ville Platte, LA
70586-4463
(337) 363-5538

FRANKLIN

Courthouse
6560 Main St.
Winnsboro, LA
71295-2750
(318) 435-4489

GRANT

Courthouse
200 Main St.
Colfax, LA
71417-1828
(318) 627-9938

IBERIA

300 S. Iberia St.
- #110
New Iberia, LA
70560-4543
(337) 369-4407

IBERVILLE

P. O. Box 554
Plaquemine, LA
70765-0554
(225) 687-5201

JACKSON

500 E. Court St.
- #102
Jonesboro, LA
71251-3400
(318) 259-2486

JEFFERSON

P. O. Box 10494
Jefferson, LA
70181-0494
(504) 736-6191

JEFFERSON**DAVIS**

302 N. Cutting
Ave.
Jennings, LA
70546-5361
(337) 824-0834

LAFAYETTE

1010 Lafayette
St. - #313
Lafayette, LA
70501-6885
(337) 291-7140

LAFOURCHE

307 W. 4th St.
Thibodaux, LA
70301-3105
(985) 447-3256

LASALLE

P. O. Box 2439
Jena, LA
71342-2439
(318) 992-2254

LINCOLN

100 W. Texas
Ave., Rm. 10
Ruston, LA
71270-4463
(318) 251-5110

LIVINGSTON

P. O. Box 968
Livingston, LA
70754-0968
(225) 686-3054

MADISON

100 N. Cedar St.
Tallulah, LA
71282-3892
(318) 574-2193

MOREHOUSE

129 N. Franklin
St.

Bastrop, LA

71220-3815

(318) 281-1434

NATCHITOCHES

P. O. Box 677

Natchitoches, LA

71458-0677

(318) 357-2211

ORLEANS

1300 Perdido St.

- #1W23

New Orleans, LA

70112-2127

(504) 658-8300

OUACHITA

1650 Desiard St.,

Ste. 125 Monroe,

LA 71201

(318) 327-1436

PLAQUEMINES

P. O. Box 989

Port Sulphur, LA

70083-0989

(504) 934-3620

POINTE**COUPEE**

211 E. Main St.

Floor 2

New Roads, LA

70760-3661

(225) 638-5537

RAPIDES

701 Murray St.

Alexandria, LA

71301-8099

(318) 473-6770

RED RIVER

P. O. Box 432

Coushatta, LA

71019-0432

(318) 932-5027

RICHLAND

P. O. Box 368

Rayville, LA

71269-0368

(318) 728-3582

SABINE

400 Capitol St. -

#107

Many, LA

71449-3099

(318) 256-3697

ST. BERNARD

8201 W. Judge

Perez - Rm. 104

Chalmette, LA

70043-1696

(504) 278-4231

ST. CHARLES

P. O. Box 315

Hahnville, LA

70057-0315

(985) 783-5120

ST. HELENA

P. O. Box 543

Greensburg, LA

70441-0543

(225) 222-4440

ST. JAMES

P. O. Box 179

Convent, LA

70723-0179

(225) 562-2330

ST. JOHN

1801 W. Airline

Hwy.

LaPlace, LA

70068-3344

(985) 652-9797

ST. LANDRY

P. O. Box 818

Opelousas, LA

70571-0818

(337) 948-0572

ST. MARTIN

415 Saint Martin

St.

St. Martinville,

LA 70582-4549

(337) 394-2204

ST. MARY

500 Main St. -

#301

Franklin, LA

70538-6144

(337) 828-4100,

ext. 360

ST. TAMMANY

701 N. Columbia

St. Covington,

LA 70433-2709

(985) 809-5500

TANGIPAHOA

P. O. Box 895

Amite, LA

70422-0895

(985) 748-3215

TENSAS

P. O. Box 183

St. Joseph, LA

71366-0183

(318) 766-3931

TERREBONNE

8026 Main St.,

Ste. 101

Houma, LA

70360

(985) 873-6533

UNION

P. O. Box 235

Farmerville, LA

71241-0235

(318) 368-8660

VERMILION

100 N. State St. -

#120 Abbeville,

LA 70510

(337) 898-4324

VERNON

P. O. Box 626

Leesville, LA

71496-0626

(337) 239-3690

WASHINGTON

Courthouse

Bldg.

900 Washington

St., #105

Franklinton, LA

70438

(985) 839-7850

WEBSTER

P. O. Box 674

Minden, LA

71058-0674

(318) 377-9272

W. BATON**ROUGE**

P. O. Box 31

Port Allen, LA

70767-0031

(225) 336-2421

W. CARROLL

P. O. Box 71

Oak Grove, LA

71263-0071

(318) 428-2381

W. FELICIANA

P. O. Box 2490

St. Francisville,

LA 70775-2490

(225) 635-6161

WINN

119 W. Main St.

- Room 105

Winnfield, LA

71483-3238

(318) 628-6133

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS(Disability)

Received by:

**PLACE IN AN ENVELOPE AND
MAIL TO YOUR
REGISTRAR OF VOTERS**

WAGE VERIFICATION To BE COMPLETED BY <u>EMPLOYER</u> 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): <input type="checkbox"/> Weekly <input type="checkbox"/> Every two weeks <input type="checkbox"/> Twice monthly <input type="checkbox"/> Once monthly					
Is employee paid by Direct Deposit? <input type="checkbox"/> Yes <input type="checkbox"/> 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.					
Pay Period Ending	Date Wages Received	Hours Worked	Hourly Pay Rate	Gross Pay	Tips Received
Are you aware of any other income this person may be receiving? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, source and amount. _____					

WAGE VERIFICATION	
TO BE COMPLETED BY <u>EMPLOYER</u> IF CHECK STUBS ARE NOT AVAILABLE	
Name of Employee _____	SSN _____
If employment terminated, give date and reason no longer employed. _____	
_____ Employer's Signature	_____ Date Signed
_____ Employer's Printed Name or Stamp	_____ Employer's Phone Number