

Louisiana Department of Children and Family Services  
**FITAP/KCSP Household Change Reporting Form**

Name: \_\_\_\_\_ Case ID# \_\_\_\_\_  
Address: \_\_\_\_\_ Worker# \_\_\_\_\_  
\_\_\_\_\_

Dear \_\_\_\_\_

- ☐ **You have been identified as a change reporting household. Therefore, you must report changes in your household situation to the agency. You must report these changes within 10 days of the time you learn of them. This will help make sure you get the correct amount of benefits.**

**Report any of the following changes:**

**Income:**

- That you or anyone in your household works for.
- That someone gives to you.
- That you borrow from anyone for any reason.
- That you get from any other place (for example: retirement, disability, unemployment, insurance, etc.).

**Household:**

- If someone moves in or out.
- If a baby is born or someone dies.
- If someone 18 leaves school.
- If someone marries.

You only need to report increases or decreases of more than \$50.00 in unearned income and more than \$100.00 in earnings (wages).

**Residence:**

- If you move (even if your mailing address stays the same).
- Address changes.

You can also use this form to report changes in the cost of caring for children or disabled adults, or receipt of child support.

- ☐ **You have been identified as a Simplified Reporting household that receives FITAP and/or KCSP.** You may use this form to report changes as explained in your Family Success Agreement, or to report if the only child moves out of the home. Someone who knows about the change may report it for you if you are unable to do so.

The information provided on this form will be subject to verification by federal, state, and local officials.

**If you purposely hold back information about changes in your household, you will owe us the value of any extra benefits you receive as a result. If you are found to have committed an intentional program violation, you will be barred from the FITAP, KCSP, or SNAP (formerly the Food Stamp program) for one year for the first offense, two years for the second offense and permanently for the third offense. You may also be fined, or imprisoned, or both.**

If for some reason you cannot return this form to us, you can report the changes by calling 1-888-LAHELPU (1-888-524-3578). You can also call this same number, 1-888-LAHELPU (1-888-524-3578) for more information about programs and services or for specific information about your case. Information can also be obtained at [www.dcf.la.gov](http://www.dcf.la.gov).

What Do You Receive?

☐ SNAP Benefits ☐ KCSP Benefits ☐ FITAP Benefits

Under what name? \_\_\_\_\_

Case ID# \_\_\_\_\_

Worker # \_\_\_\_\_

**If there has been a change in your household, please complete appropriate section below and attach verification.**

**I. ADDRESS:**

1. New: \_\_\_\_\_ Old: \_\_\_\_\_ Mailing: \_\_\_\_\_

2. Date of change: \_\_\_\_\_

3. Who lives in your household now? \_\_\_\_\_

4. Names and phone numbers of 2 persons who can verify who lives in your home: \_\_\_\_\_

**II. INCOME:****New Employment**

1. Who is employed? \_\_\_\_\_
2. Name, Address, and Telephone no. of Employer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Hours worked (best estimate):  
per week \_\_\_\_\_  
per month \_\_\_\_\_
4. Wages (gross: best estimate):  
per hour \_\_\_\_\_  
per week \_\_\_\_\_  
per month \_\_\_\_\_
5. Date started: \_\_\_\_\_
6. Date pay check received: \_\_\_\_\_  
Amount: \_\_\_\_\_ How often? \_\_\_\_\_
7. Do you pay dependent care? ☐ Yes ☐ No  
How much? \_\_\_\_\_ How often? \_\_\_\_\_  
Who provides care?  
Name: \_\_\_\_\_  
Phone: \_\_\_\_\_
8. If employment is temporary, expected ending date \_\_\_\_\_

**Terminated Income**

1. Whose income stopped? \_\_\_\_\_
2. When was income last received? \_\_\_\_\_
3. Why did income stop? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Have you applied for Unemployment Benefits? ☐ Yes ☐ No  
If yes, date begun \_\_\_\_\_ Amount \_\_\_\_\_  
Date stopped \_\_\_\_\_

**Other Income**

1. Whose income? \_\_\_\_\_
2. What kind? \_\_\_\_\_
3. When started? \_\_\_\_\_
4. How much? \_\_\_\_\_

**III. PERSON MOVED IN OR OUT OF HOME:**

1. **Moved** ☐ In ☐ Out **When?** \_\_\_\_\_ If moved out, what is their new address? \_\_\_\_\_
2. Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_
3. Does this person have income? ☐ Yes ☐ No
4. Is this person related to anyone in your home? ☐ Yes ☐ No If yes, what is the relationship? \_\_\_\_\_
5. Does this person contribute money to your household or pay any household bills? ☐ Yes ☐ No
6. Has this person been included in someone else's SNAP, KCSP, or FITAP certification within the last 3 months? ☐ Yes ☐ No
7. Names and phone numbers of 2 persons who can verify who lives in your home  
\_\_\_\_\_  
\_\_\_\_\_

**IV. CHILD SUPPORT:**

**Old Amount:** \_\_\_\_\_ **New Amount:** \_\_\_\_\_ **Date of Change:** \_\_\_\_\_

**V. OTHER CHANGES OR COMMENTS:**  
\_\_\_\_\_  
\_\_\_\_\_

I understand the penalty for hiding or giving false information. I also understand I will owe the value of any extra benefits I receive because I do not fully report changes in my household. I agree to prove any changes I report if you ask. My answers on this form are correct and complete to the best of my knowledge. (Please sign and date this form.)

**We will use your answers on this form to see if your household's benefits will change. Before we change your benefits we will send you a notice explaining what will happen. If you do not agree with our decision, you can have a fair hearing. A hearing official will decide if you are right.**

Client Signature/Telephone Number \_\_\_\_\_

Date \_\_\_\_\_

Signature of Agency Representative \_\_\_\_\_

Date \_\_\_\_\_

**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) 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 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.

Signature or Mark	Name Typed or Printed	Date
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.

Comments/Remarks: (for official use only)

<b>FOR OFFICE USE ONLY: HOUSEHOLD IN SIMPLIFIED REPORTING? YES OR NO</b>
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<b>ACADIA</b> 568 NW Court Circle Crowley, LA 70526-4363 (337) 788-8841 <b>ALLEN</b> P. O. Box 150 Oberlin, LA 70655-0150 (337) 639-4966 <b>ASCENSION</b> 828 S. Irma Blvd., Rm. 205 Gonzales, LA 70737-3631 (225) 621-5780 <b>ASSUMPTION</b> P. O. Box 578 Napoleonville, LA 70390-0578 (985) 369-7347 <b>AVOYELLES</b> 312 N. Main St., Ste. E Marksville, LA 71351-2409 (318) 253-7129 <b>BEAUREGARD</b> P. O. Box 952 DeRidder, LA 70634-0952 (337) 463-7955 <b>BIENVILLE</b> P. O. Box 697 Arcadia, LA 71001-0697 (318) 263-7407 <b>BOSSIER</b> P. O. Box 635 Benton, LA 71006-0635 (318) 965-2301 <b>CADDO</b> P. O. Box 1253 Shreveport, LA 71163-1253 (318) 226-6891 <b>CALCASIEU</b> 1000 Ryan St., Rm. 7 Lake Charles, LA 70601-5250 (337) 721-4000 <b>CALDWELL</b> P. O. Box 1107 Columbia, LA 71418-1107 (318) 649-7364	<b>CAMERON</b> P. O. Box 1 Cameron, LA 70631-0001 (337) 775-5493 <b>CATAHOULA</b> P. O. Box 215 Harrisonburg, LA 71340-0215 (318) 744-5745 <b>CLAIBORNE</b> 507 W. Main St., Ste. 1 Homer, LA 71040-3914 (318) 927-3332 <b>CONCORDIA</b> 4001 Carter St., Ste. K Vidalia, LA 71373-3021 (318) 336-7770 <b>DESOTO</b> 105 Franklin St. Mansfield, LA 71052-2046 (318) 872-1149 <b>E. BATON ROUGE</b> 222 St. Louis St., Rm. 201 Baton Rouge, LA 70802-5860 (225) 389-3940 <b>E. CARROLL</b> P. O. Box 708 Lake Providence, LA 71254-0708 (318) 559-2015 <b>E. FELICIANA</b> P. O. Box 488 Clinton, LA 70722-0488 (225) 683-3105 <b>EVANGELINE</b> 200 Court St., Ste. 102 Ville Platte, LA 70586-4463 (337) 363-5538 <b>FRANKLIN</b> Courthouse 6560 Main St. Winnsboro, LA 71295-2750 (318) 435-4489 <b>GRANT</b> Courthouse 200 Main St. Colfax, LA 71417-1828 (318) 627-9938	<b>IBERIA</b> 300 S. Iberia St., Ste. 110 New Iberia, LA 70560-4543 (337) 369-4407 <b>IBERVILLE</b> P. O. Box 554 Plaquemine, LA 70765-0554 (225) 687-5201 <b>JACKSON</b> 500 E. Court St., Rm. 102 Jonesboro, LA 71251-3400 (318) 259-2486 <b>JEFFERSON</b> P. O. Box 10494 Jefferson, LA 70181-0494 (504) 736-6191 <b>JEFFERSON DAVIS</b> 302 N. Cutting Ave. Jennings, LA 70546-5361 (337) 824-0834 <b>LAFAYETTE</b> 1010 Lafayette St., Ste. 313 Lafayette, LA 70501-6885 (337) 291-7140 <b>LAFOURCHE</b> 307 W. 4th St. Thibodaux, LA 70301-3105 (985) 447-3256 <b>LASALLE</b> P. O. Box 2439 Jena, LA 71342-2439 (318) 992-2254 <b>LINCOLN</b> 100 W. Texas Ave., Rm. 10 Ruston, LA 71270-4463 (318) 251-5110 <b>LIVINGSTON</b> P. O. Box 968 Livingston, LA 70754-0968 (225) 686-3054 <b>MADISON</b> 100 N. Cedar St. Tallulah, LA 71282-3892 (318) 574-2193	<b>MOREHOUSE</b> 129 N. Franklin St. Bastrop, LA 71220-3815 (318) 281-1434 <b>NATCHITOCHEs</b> P. O. Box 677 Natchitoches, LA 71458-0677 (318) 357-2211 <b>ORLEANS</b> 1300 Perdido St., Rm. 1W23 New Orleans, LA 70112-2127 (504) 658-8300 <b>OUACHITA</b> 1650 Desiard St., Ste. 125 Monroe, LA 71201 (318) 327-1436 <b>PLAQUEMINES</b> P. O. Box 989 Port Sulphur, LA 70083-0989 (504) 934-3620 <b>POINTE COUPEE</b> 211 E. Main St., Flr. 2 New Roads, LA 70760-3661 (225) 638-5537 <b>RAPIDES</b> 701 Murray St. Alexandria, LA 71301-8099 (318) 473-6770 <b>RED RIVER</b> P. O. Box 432 Coushatta, LA 71019-0432 (318) 932-5027 <b>RICHLAND</b> P. O. Box 368 Rayville, LA 71269-0368 (318) 728-3582 <b>SABINE</b> 400 Capitol St., Rm. 107 Many, LA 71449-3099 (318) 256-3697 <b>ST. BERNARD</b> 8201 W. Judge Perez, Rm. 104 Chalmette, LA 70043-1696 (504) 278-4231	<b>ST. CHARLES</b> P. O. Box 315 Hahnville, LA 70057-0315 (985) 783-5120 <b>ST. HELENA</b> P. O. Box 543 Greensburg, LA 70441-0543 (225) 222-4440 <b>ST. JAMES</b> P. O. Box 179 Convent, LA 70723-0179 (225) 562-2330 <b>ST. JOHN</b> 1801 W. Airline Hwy. LaPlace, LA 70068-3344 (985) 652-9797 <b>ST. LANDRY</b> P. O. Box 818 Opelousas, LA 70571-0818 (337) 948-0572 <b>ST. MARTIN</b> 415 Saint Martin St. St. Martinville, LA 70582-4549 (337) 394-2204 <b>ST. MARY</b> 500 Main St., Ste. 301 Franklin, LA 70538-6144 (337) 828-4100, ext. 360 <b>ST. TAMMANY</b> 701 N. Columbia St. Covington, LA 70433-2709 (985) 809-5500 <b>TANGIPAHOA</b> P. O. Box 895 Amite, LA 70422-0895 (985) 748-3215 <b>TENSAS</b> P. O. Box 183 St. Joseph, LA 71366-0183 (318) 766-3931 <b>TERREBONNE</b> 8026 Main St., Ste. 101 Houma, LA 70360 (985) 873-6533	<b>UNION</b> P. O. Box 235 Farmerville, LA 71241-0235 (318) 368-8660 <b>VERMILION</b> 100 N. State St., Ste. 120 Abbeville, LA 70510 (337) 898-4324 <b>VERNON</b> P. O. Box 626 Leesville, LA 71496-0626 (337) 239-3690 <b>WASHINGTON</b> Courthouse Bldg. 900 Washington St., #105 Franklinton, LA 70438 (985) 839-7850 <b>WEBSTER</b> P. O. Box 674 Minden, LA 71458-0674 (318) 377-9272 <b>W. BATON ROUGE</b> P. O. Box 31 Port Allen, LA 70767-0031 (225) 336-2421 <b>W. CARROLL</b> P. O. Box 71 Oak Grove, LA 71263-0071 (318) 428-2381 <b>W. FELICIANA</b> P. O. Box 2490 St. Francisville, LA 70775-2490 (225) 635-6161 <b>WINN</b> 119 W. Main St., Rm. 105 Winnfield, LA 71483-3238 (318) 628-6133
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## 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

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		OFFICIAL USE ONLY					
LR-1 & 1M, FORM #100		Wd	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)		7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)	
MONTH	DAY	YEAR	NO YES #	MALE FEMALE	WHITE BLACK ASIAN HISPANIC AMER. INDIAN	OTHER: _____	
8 PARTY AFFILIATION (CIRCLE ONE)			9 APPLICANT'S PLACE OF BIRTH			10 MOTHER'S MAIDEN NAME	
DEM GRN LBT RFM REP NO PARTY			CITY OR TOWN PARISH OR COUNTY STATE COUNTRY				
OTHER (SPECIFY) _____							
11 **EMAIL			12 ** PHONE		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE)		14 Will you require assistance at the polls?(CIRCLE ONE)
			HOME ( ) DAY ( )		NO YES #		NO YES IF YES, GIVE REASON :
15 LAST RESIDENCE ADDRESS			16 PLACE OF LAST REGISTRATION			17 FORMER REGISTERED NAME, IF APPLICABLE	
ADDRESS			PARISH OR COUNTY STATE				
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							