

OFFICE USE ONLY	
Date Received	
Assigned to	
Is an EBT card needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Louisiana Department of Children and Family Services

### Louisiana Combined Application Project Re-Enrollment Form – Follow Up

Date: \_\_\_\_\_  
 SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Sex: \_\_\_\_\_  
 Race: \_\_\_\_\_

Last month, we sent you a form to review your continued eligibility to receive food assistance through the Louisiana Combined Application Project (LaCAP). You are currently receiving LaCAP benefits because you are a Louisiana resident who is at least 60 years old and receiving Supplemental Security Income (SSI). Our records show that you have not returned your completed re-enrollment form. In order to continue receiving LaCAP benefits you will need to answer the questions below, then sign and return this form to the Department of Children and Family Services, Economic Stability office listed above by \_\_\_\_/\_\_\_\_/\_\_\_\_. If you do not return this form by this date, your LaCAP benefits will stop beginning \_\_\_\_/\_\_\_\_.

1. Is the address and personal information listed above correct? ☐ Yes ☐ No  
**If no**, please correct the information above.

2. Is your home address different from your mailing address? ☐ Yes ☐ No  
**If yes**, what is your home address? \_\_\_\_\_

3. Do you live alone? ☐ Yes ☐ No  
**If no**, do you buy and prepare meals separately from others in your home? ☐ Yes ☐ No  
 If you are certified for LaCAP, will you purchase and prepare meals separately from others? ☐ Yes ☐ No  
 Do you live with your spouse? ☐ Yes ☐ No  
 Do you live with your child who is under 22 years of age? ☐ Yes ☐ No

4. Phone number where you can be reached during the day. (\_\_\_\_) \_\_\_\_\_  
 E-mail address, if available: \_\_\_\_\_

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

5. Do you pay rent, mortgage, or any housing expenses other than utilities? ☐ Yes ☐ No

If yes, complete the following information about the housing expenses that you pay.

Type of Housing Expenses	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)
Rent or Mortgage		
Property Tax (if not included in mortgage payment)		
Homeowners insurance (if not included in mortgage payment)		
Other Housing Expenses (other than utilities) - Please specify: _____		

6. Do you pay for heating and/or air conditioning separately from your rent? ☐ Yes ☐ No

7. Do you pay for utilities other than heating, air conditioning, or telephone separately from your rent? ☐ Yes ☐ No

8. Do you pay telephone expenses separately from your rent? ☐ Yes ☐ No

9. You can name someone who can apply for or obtain information about your benefits. This person would be your Authorized Representative. 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

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

### Read Carefully And Sign Below

I certify under penalty of perjury that the information I have given in this application is true, complete, and correct to the best of my knowledge. I understand that I will be subject to disqualification and prosecution and will be required to repay ineligible benefits if I knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain food assistance. By signing this application, I give permission for the release of information to the Department of Children and Family Services by any persons or agencies who have knowledge of my circumstances.

\_\_\_\_\_  
Your Signature (or mark)

\_\_\_\_\_  
Date Signed

**If you sign with an "X" mark, ask two people to witness the mark; if applicant is blind, ask three people to witness.**

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Witness

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship

## 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.

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**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.



**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 / Dist	Pct	Reg Type	In/Out	REG #
<b>1 Are you a citizen of the United States of America?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> <b>Will you be 18 years of age on or before election day?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.							
<b>2 NAME OF APPLICANT (PLEASE PRINT NAME)</b>						<b>GIVE LOCATION</b>	
LAST		FIRST		FULL MIDDLE OR MAIDEN			
<b>3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)</b>							
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					
<b>4 DATE OF BIRTH</b>		<b>5 * SOCIAL SECURITY #</b> (CIRCLE ONE)		<b>6 SEX</b> (CIRCLE ONE)		<b>7 ** RACE / ETHNIC ORIGIN</b> (CIRCLE ONE)	
MONTH	DAY	YEAR	NO YES #	MALE	FEMALE	WHITE	BLACK ASIAN HISPANIC AMER. INDIAN OTHER:
<b>8 PARTY AFFILIATION</b> (CIRCLE ONE)			<b>9 APPLICANT'S PLACE OF BIRTH</b>			<b>10 MOTHER'S MAIDEN NAME</b>	
DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY)			CITY OR TOWN PARISH OR COUNTY STATE COUNTRY				
<b>11 **EMAIL</b>			<b>12 ** PHONE</b>		<b>13 LA DRIVER'S LICENSE / I.D. #</b> (CIRCLE ONE)		<b>14 Will you require assistance at the polls?</b> (CIRCLE ONE)
			HOME ( ) DAY ( )		NO YES #		NO YES IF YES, GIVE REASON :
<b>15 LAST RESIDENCE ADDRESS</b>			<b>16 PLACE OF LAST REGISTRATION</b>			<b>17 FORMER REGISTERED NAME, IF APPLICABLE</b>	
ADDRESS			PARISH OR COUNTY STATE				
<b>AFFIRMATION:</b> 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.							
<b>18 SIGN YOUR NAME IN BOX AT RIGHT.</b>							
DATE: / /							
<b>19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.</b>							
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							

**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. - Rm. 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 71496-0674  
(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**