

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 Enrollment Form – Follow Up

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

Last month, we sent you an enrollment form for the Louisiana Combined Application Project (LaCAP). Since you are at least 60 years old and receive Supplemental Security Income (SSI), you may be eligible to receive food assistance through LaCAP. After you are certified, you will receive a Louisiana Purchase Card that you can use to help pay for some of your food purchases. Our records indicate that you have not applied for this food assistance yet. To apply, all you need to do is answer the questions below, then sign and return this form to the Department of Children and Family Services, Economic Stability office at the address listed above. It's that simple!

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

Signature	Relationship
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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 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
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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.



**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		<div style="border: 1px solid black; height: 100px; width: 100%;"></div>	
<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			CITY OR TOWN PARISH OR COUNTY STATE COUNTRY				
OTHER (SPECIFY)							
<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 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