

Louisiana Department of Health

Elderly Simplified Application Project for SNAP

This application is used for persons applying for the Supplemental Nutrition Assistance Program (SNAP) if:

- All adults in the household are age 60 or older and/or disabled; or
- All adult household members are age 60 or older and/or disabled and purchase and prepare food separately from the other people in the home; and
- No member receives earnings from work.

You can file your application by completing your name, address, and signature below. If you need help completing this application, call 1-888-524-3578. It will help us to process your application faster if you also give us a telephone number where you can be reached during the day and provide a copy of a photo ID or other proof of identity.

Can you read and understand English? ☐ Yes ☐ No

If No, what language can your read and understand? _____

Do you need an interpreter? ☐ Yes ☐ No If yes, what language? _____

Do you need a new EBT Card? ☐ Yes ☐ No

Getting Started				
First Name	MI	Last Name	Maiden or other name	
Mailing Address	Apt/Lot No.	City	State	Zip Code
Home Address (If different from mailing)	Apt/Lot No.	City	State	Zip Code
Parish of Residence		Email Address		
Home Telephone Number		Other Telephone Number		
An Authorized Representative is someone who may act on the household's behalf to conduct business with the agency. Complete this section if you would like to name an Authorized Representative.				
Name of Authorized Representative		Phone number of Authorized Representative		
Address of Authorized Representative		What is the Authorized Representative's Relationship to the applicant?		

Tell us who lives with you and who purchase and prepare meals together with you.

Name (First, MI, Last)	Relationship to you	DOB	SSN	Sex	Disabled	US Citizen	Ethnicity	Race
	(Self)				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	
					<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino	

Ethnicity and Race are not required to be answered. Providing citizenship/immigration status is voluntary and subject to verification by USCIS. If a member of your household does not wish to provide information about citizen/immigration status, he or she will not be eligible for benefits.

List everyone living in your home who do not purchase and prepare meals with you.

Name	Relationship to you	DOB	
			Does this person pay any part of the household bills? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Does this person give you any money? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Does this person pay any part of the household bills? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Does this person give you any money? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Does this person pay any part of the household bills? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Does this person give you any money? <input type="checkbox"/> Yes <input type="checkbox"/> No

Income

List income for all members of your household including yourself. Types of income include Employment, Social Security, SSI, Pension, Retirement, Child Support, Alimony, Cash Contributions, Unemployment or Workers' Compensation, Room and Board, Disability Insurance, Veteran's Benefits, Annuity Payments, and any other income.

Type of Income	Who Receives this income?	Gross Monthly Amount of this income

Is anyone in your household self-employed? ☐ Yes ☐ No

If yes, who is self-employed? _____

Does anyone in your household work for an employer? ☐ Yes ☐ No

If yes, who works? _____

Household Expenses

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

Type of Expense	Who Pays Expense?	Amount of Expense	How often is Expense Paid?
Rent/Mortgage			
Lot Rent			
Homeowner's Insurance			
Property Taxes			
Electricity			
Gas			
Water			
Telephone			

Do you pay to heat and/or cool your home separately from your rent? ☐ Yes ☐ No

Does your household receive LIHEAP (Low Income Home Entergy Assistance Program)? ☐ Yes ☐ No

Medical Expenses

Does anyone in your household pay out-of-pocket medical expenses (For example: Prescription drugs, doctor visits, hospital bills, health insurance, Medicare premiums, medical transportation) between \$35.01 and \$196.00 per month? ☐ Yes ☐ No

Does anyone in your household pay out-of-pocket medical expenses that are more than \$196.00 per month? ☐ Yes ☐ No

Name of Person who has medical expense	Type of Expense	Who pays the Expense	Amount Paid	How Often Paid

Child Support Expense

Does anyone in your household pay legally obligated child support to someone who does not live with you? ☐ Yes ☐ No

If yes, who pays legally obligated child support? _____

How much is this person obligated to pay? _____

How much does this person pay? _____

Other Household Information

Has anyone in your household received SNAP from another state? ☐ Yes ☐ No

If yes, who received SNAP from another state: _____

What state was SNAP received from? _____

Has anyone in your household ever been disqualified or had benefits reduced or stopped for breaking the rules of SNAP? ☐ Yes ☐ No

If so, who? _____

Is anyone in your household violating the conditions of their probation or parole? ☐ Yes ☐ No

If so, who? _____

Is anyone in your household trying to avoid prosecution or jail for a felony? ☐ Yes ☐ No

If so, who? _____

Have you or anyone in your household been convicted as an adult for a felony that occurred after February 7, 2014 for one of the following crimes? ☐ Yes ☐ No

Aggravated sexual abuse under section 2241 of title 18, U.S.C; Murder under section 1111 of title 18, or State offense involving sexual assault, as defined in section 40002(a) of the Violence Against Women Act of 1994 (42 U.S.C. 13925(a)); An offense under State law determined by the Attorney General to be substantially similar to an offense listed above.

If so, who? _____

Is this person in compliance with the terms of their sentence? ☐ Yes ☐ No

Have you or anyone in your household received gambling winnings of \$4500 or more in a single game before taxes and other withholdings? ☐ Yes ☐ No

If so, who? _____

When did they receive the gambling winnings? _____

Would you like a copy of your application? ☐ Yes ☐ No

If yes, what format would you like it in? ☐ Paper ☐ Electronic

Are you an LDH employee, or are you related to an LDH employee? ☐ Yes ☐ No

Signature

I certify under penalty of perjury that the information I have given on this application is true, complete, and correct to the best of my knowledge, including the information I have given regarding the felony conviction of certain crimes and the U.S. citizenship or immigration status of all household members. I understand that I and any adult household member will be subject to disqualification and prosecution and will be required to repay ineligible benefits if we knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain financial or food assistance. By signing this application, I give permission for the release of information to the Louisiana Department of Health by any persons or agencies who have knowledge of my circumstances.

Applicant's Signature _____

Date _____

Authorized Representative's _____

Signature

Date _____

Witness Signature if applicant signed with "X" _____ Date _____

You can submit the application and verifications to the Louisiana Department of Health by uploading them on CAFÉ, mail, in person, or via fax:



Upload

www.dcfh.la.gov/CAFE



Mail

LDH ES
Document
Processing Center
PO Box 260031
Baton Rouge, LA
70826-9918



In Person

Find office:

<https://ldh.la.gov/directory/category/economic-stability-parishes>



Fax

225-663-3164

If you have any questions regarding the application process, please contact the Customer Service Center at 1-888-LAHELPU (1-888-524-3578).

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 Louisiana Department of Health 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 LDH ES Document Processing Center at P.O. Box 260031, Baton Rouge, LA 70826-9918.

NOTE: THE LOUISIANA CONSTITUTION PROHIBITS NON-CITIZENS FROM REGISTERING AND VOTING. THEREFORE, IT IS ILLEGAL FOR NON-CITIZENS TO REGISTER AND VOTE IN LOUISIANA.

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)

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Louisiana Voter Registration Application

(LA-VRA - Rev. 08/25)

QUESTIONS? • Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY:		WD:	PCT:	REG. TYPE:	IN/OUT:	REG. NO.
Please print clearly in ink, preferably black, Reason for Application: <input type="checkbox"/> New Voter Registration <input type="checkbox"/> Updating Voter Registration						
Eligibility	1.	Are you a citizen of the United States of America? <input type="checkbox"/> Yes <input type="checkbox"/> No		If you checked "No" in response to either of these questions, do not complete this form. You are not eligible to vote at this time. (Please see application instructions for information regarding eligibility to register prior to age 18.)		
		Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name	2.	LAST NAME:		FIRST NAME:		
		FULL MIDDLE OR MAIDEN NAME:		SUFFIX (Sr., Jr., III):		
Residence Address (Where you live and claim homestead exemption, if any)	3.	HOUSE # & STREET (NO P.O. BOX):		UNIT/APT #:		Give Location (If Necessary) <div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>
		CITY/TOWN:		STATE LA ZIP CODE:		
Mailing Address (If different from Residence Address)		HOUSE # & STREET/P.O. BOX:		UNIT/APT #:		
		CITY/TOWN:		STATE:		ZIP CODE:
Date of Birth	4.	MM / DD / YYYY		5. *SSN	6. Sex <input type="checkbox"/> M <input type="checkbox"/> F	7. Race (Optional) <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> HISPANIC <input type="checkbox"/> AMERICAN INDIAN <input type="checkbox"/> OTHER
Party Affiliation	8.	<input type="checkbox"/> DEMOCRAT <input type="checkbox"/> GREEN <input type="checkbox"/> LIBERTARIAN <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> NO PARTY <input type="checkbox"/> OTHER (Specify) _____		9. Place of Birth	CITY/TOWN: STATE:	
					PARISH/COUNTY: COUNTRY:	
Mother's Maiden Name	10.			11. Email	12. Phone Home: () - Other: () -	
LA DL/ID Card #	13.	<input type="checkbox"/> I do not have a LA DL/ID card.		14. Do you need assistance in voting? <input type="checkbox"/> No <input type="checkbox"/> Yes, Reason: _____		
Last Residence Address	15.	HOUSE # & STREET: CITY: STATE:		16. Place of Last Registration	17. Former Registered Name, if any	
Attestation and Signature (Read and sign or make your mark.)		18. I do hereby solemnly swear or attest that I am a United States citizen, that I am of eligible age to register to vote, that I have not been incarcerated pursuant to an order of imprisonment for conviction of a felony within the past five years, nor am I under an order of imprisonment for a felony offense of election fraud or other election offense pursuant to R.S. 18:1461.2, 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.				
		Applicant Signature: _____ Date: _____				
Witnesses (If your signature is a mark, you must have two witnesses sign.)	19.	Witness #1 Signature: _____		Witness #1 Print Name: _____		
		Witness #2 Signature: _____		Witness #2 Print Name: _____		

* If you do not have a LA driver's license or LA special ID, the last four digits of your social security number are required if you have one. Full SSN is preferred but optional.

Note: 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. You may request a copy of your voter registration form at any time from the registrar of voters.

OFFICIAL USE ONLY	
<input type="checkbox"/> New Registration Updated Registration: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Party Change <input type="checkbox"/> Change to Assistance in Voting <input type="checkbox"/> Other REMARKS: CIRCLE ONE: PA MV RG SDA SS (Disability)	Received by: _____ Date: _____



Louisiana Voter Registration Application

(LA-VRA - Rev. 08/25)

QUESTIONS? • Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

APPLICATION INSTRUCTIONS

USE THIS LOUISIANA VOTER REGISTRATION APPLICATION TO: 1) register to vote; 2) change your address; 3) request a name change; 4) change party affiliation; or 5) request assistance in voting.

TO REGISTER AND BE ELIGIBLE TO VOTE, AN APPLICANT MUST: 1) be a U.S. citizen; 2) be at least 17 years old (16 years old if registering to vote in person at the Registrar's Office or with an application for a Louisiana driver's license) but must be 18 years old before actually voting; 3) not be under an order of imprisonment for conviction of a felony or, if under such an order, not have been incarcerated pursuant to the order within the last five years and not be under an order of imprisonment related to a felony conviction for election fraud or any other election offense pursuant to R.S. 18:1461.2; 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: the gray section numbers on this page correspond to the gray section numbers on the application.

Reason for Application: Check "New Voter Registration" if this is a first time registration or if a new registration in a new parish after moving. Check "Updating Voter Registration" if you are making any change to your present registration. If new registration, fill out the form completely.

1. **Eligibility** - Federal law requires you to affirm that you are a citizen of the United States of America and that you will be 18 years of age on or before the election day in which you are eligible to vote. If you checked "No" in response to either of these questions, do not complete this form. You are not eligible to vote at this time. If you are registering as a 16 or 17 year old, you may check "Yes" because you will not be allowed to vote until you are 18.
2. **Name** - You **must** provide your full name. Do not use nicknames or initials for middle or maiden name. *If this application is for a change of name, please also complete section 17: "Former Registered Name."*
3. **Residence Address** - "Residence Address" means the address (number, street, city, state, and zip) where you live and are registering to vote. Residence address **must** be the address where you claim homestead exemption, if any, except for a resident in a nursing home or veterans' home who may choose to use the address of the nursing home or veterans' home or the home where they have a homestead exemption. A college student may elect to use their home address or their address at school while attending. Do not use a post office box for your "Residence Address." If you use a rural route and box number, you may draw a map in box labeled "Give Location" to provide the exact location. Write in the names of the crossroads (streets) nearest to residence. Draw an X to show residence. Use a dot to show any schools, churches, stores, or landmarks near residence and write the name of the landmark.
Mailing Address - If you check that you do not receive postal service at your residence address, you **must** provide your mailing address (number, street, city, state, and zip). Otherwise, a mailing address may be provided and you may use a post office box for a mailing address.
4. **Birthdate** - Print your date of birth. *The month and day of your birth remains confidential by law.*
5. **Social Security Number** - If you do not have a LA driver's license or LA special identification card, you **must** provide the last four digits of your social security number, if issued. The full social security number is preferred and may be provided on a voluntary basis and will be kept confidential. If you were not issued a social security number or a LA DL or ID 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 you **must** attach one or more documents to prove your identity, residence, and date of birth. Documents may be: a) a copy of current and valid photo identification and/or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document. *Your SSN remains confidential and is only used for registration purposes.*
6. **Sex** - Check male or female *(for statistical purposes only).*
7. **Race** - Race/Ethnic origin is optional *(for statistical purposes only).*
8. **Party Affiliation** - You may choose to affiliate with the Democrat, Green, Libertarian, or Republican parties. You may specify any other party affiliation by checking "other" and then listing the party with which you wish to affiliate. If you do not want to register with a political party affiliation check "No Party." If you do not complete this section or if you write "Independent," your party affiliation will be listed as "No Party." If you are already registered with a party affiliation and no political party change is being made with this application, you may leave this section blank or re-enter your political party affiliation.
9. **Place of Birth** - Print the city/town, parish/county, state, and country of your birth place *(for statistical purposes only).*
10. **Mother's Maiden Name** - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown."
11. **Email** - Give your email address for election officials to contact you if there is a problem with your registration. *Email addresses are protected from disclosure by law and are for official use only.*
12. **Phone** - Give your phone numbers for election officials to contact you if there is a problem with your registration. *Phone numbers are optional and a public record unless you make a request for your phone numbers to be kept confidential by election officials.*
13. **LA DL/ID Card #** - Print your LA driver's license or LA special identification card number, if issued. If you do not have one, check "I do not have a LA DL/ID card." *This ID number remains confidential and is for official use only.*
14. **Assistance in Voting Needed?** - Indicate if you will need assistance in voting by checking either the "No" or "Yes" box. If "Yes," write the reason for needing assistance. The registrar of voters in your parish may contact you for proof of disability.
15. **Place of Last Residence** - Print the address (number, street, city, and state) of your prior residence, if different from residence address in section 3 or write "Same."
16. **Place of Last Registration** - Print the state and parish (or county) of your last registration if you were registered in another parish or state prior to completing this application.
Important: Contact the local election office in your prior state and cancel your prior registration. Registering in Louisiana does not automatically cancel or transfer your voter registration from another state.
17. **Former Registered Name** - If you are using this application to make a name change to your registration, print your former registered name (name you are changing) in this section. If name changed by court order, provide a copy of the order with this application.
18. **Attestation and Signature** - Read the attestation and sign your full name or make your mark and print the date this application was signed and completed. *If assistance in registering is being provided, make sure the applicant understands what they are attesting and that they meet the requirements to register to vote.*
19. **Witnesses** - If you are unable to sign your name, you may make your mark, but it **must** be witnessed by two people or it is not valid. Whenever a document required or provided for in the Louisiana Election Code is required to be witnessed, the witness shall be at least 18 years of age (R.S. 18:4(A)).

Mailing Instructions - If returned by mail, place in an envelope and mail to your Registrar of Voters Office. You can find your registrar of voters mailing address on the Registrar of Voters Address Page, by visiting our website at www.geauxvote.com or by calling toll free at 1-800-883-2805. Your application or envelope **must** be postmarked 30 days prior to the first election in which you seek to vote. **Online Voter Registration** - Voter registration is also available at www.geauxvote.com and you may register online before the 20th day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.