LaCAP 1
Rev. 10/25
10/22 Issue Obsolete

OFFICE USE ONLY
Date Received _____
Assigned to _____
Is an EBT card needed? ☐ Yes ☐ No

Departamento de Salud de Luisiana

Proyecto de solicitud combinada de Luisiana

Fecha: _____
SSN: _____
Fecha de nacimiento: _____
Sexo: _____
Raza: _____

¡Tenemos buenas noticias para usted! Puede ser elegible para recibir asistencia para comida a través del Proyecto de solicitud combinada de Louisiana (LaCAP). Esta asistencia se da a los residentes de Louisiana que tienen 60 años, como mínimo, y que reciben Seguridad de Ingreso Suplementario (SSI).

Debe completar una solicitud para obtener asistencia, de modo que su trabajador pueda determinar si es elegible.

Puede completar una solicitud:

- En línea: www.dcfs.la.gov/CAFE.
- En una oficina del LDH o sitio asociado comunitario de su área O BIEN
- Respondiendo las preguntas abajo y entregado el formulario firmado a:
  LDH Family Support/Economic Stability
  P.O. Box 260031
  Baton Rouge, LA 70826-0031

Si es elegible, recibirá una Tarjeta de compras de Louisiana que puede usar como ayuda para pagar algunas de sus compras de comida. ¡Es así de simple!

Formulario de inscripción de LaCAP

1. ¿La información personal y dirección indicadas arriba son correctas? ☐ Sí ☐ No

2. ¿Su domicilio es diferente de su dirección de correo postal? ☐ Sí ☐ No
   Si responde sí, ¿cuál es su domicilio? _____

3. ¿Vive solo? ☐ Sí ☐ No
   Si responde no, ¿compra y prepara comidas por separado de otras personas en su casa? ☐ Sí ☐ No
   Si tiene certificación para LaCAP, ¿comprará y preparará comidas por separado de otras personas? ☐ Sí ☐ No
   ¿Vive con su cónyuge? ☐ Sí ☐ No
   ¿Vive con su hijo menor de 22 años de edad? ☐ Sí ☐ No
   ¿Es hispano/latino? ☐ Sí ☐ No

Nota: Puede elegir no dar información sobre etnia y raza. No afectará su elegibilidad. Esta información nos ayuda a cumplir con el Título VI de la Ley de Derechos Civiles de 1964

4. Teléfono al que puede comunicarse durante el día. (_____) _____
   Dirección de correo electrónico, si está disponible: _____

Para recibir la mayor cantidad de beneficios posible, necesita decirnos sus gastos de vivienda. No informar cualquiera de los gastos indicados se considerará una declaración de que su grupo familiar no quiere recibir crédito por los gastos no reportados.

5. ¿Paga alquiler, hipoteca o cualquier otro gasto de vivienda además de los servicios públicos? ☐ Sí ☐ No

Si respondió "Sí", complete la información siguiente sobre los gastos de alojamiento que paga.

Tipo de gastos de vivienda	Cantidad pagada	Frecuencia de pago (semanal, mensual, etc.)
Alquiler o hipoteca		
Impuesto a la propiedad (si no está incluido en el pago de hipoteca)		
Seguro del propietario (si no está incluido en el pago de la hipoteca)		
Otros gastos de vivienda (diferentes de los servicios públicos) Especifique: _____		

6. ¿Paga por calefacción o aire acondicionado por separado de su alquiler? ☐ Yes ☐ No

7. ¿Paga por servicios públicos diferentes de calefacción, aire acondicionado o teléfono por separado de su alquiler? ☐ Yes ☐ No

8. ¿Paga gastos de teléfono por separado de su alquiler? ☐ Yes ☐ No

9. Puede nombrar a alguien que pueda presentar la solicitud u obtener información sobre sus beneficios. Esta persona sería su Representante autorizado. Puede nombrar a alguien, pero no es obligatorio. ¿Quisiera tener un Representante autorizado? ☐ Yes ☐ No

Si respondió "Sí", indíquenos quién es su Representante autorizado.

Nombre del Representante autorizado Teléfono de día

Dirección Ciudad Estado Código postal

Lea con cuidado y firme abajo

Certifico bajo pena de perjurio que la información que di en esta solicitud es verdadera, completa y correcta a mi leal saber y entender. Comprendo que seré sujeto de descalificación y procesamiento, y que se me exigirá que pague los beneficios no elegibles si, a sabiendas, di información falsa, incorrecta o incompleta para obtener o intentar obtener asistencia para comida. Con la firma de esta solicitud, di permiso para la revelación de información al Departamento de Salud de Luisiana por personas o agencias que tengan conocimiento de mis circunstancias.

Su firma (o marca) Fecha de la firma

Si firma con una marca "X", pida a dos personas que sirvan de testigos de esa marca. Si el solicitante es ciego, pida a tres personas que actúen como testigos.

Testigo Testigo Testigo

Firma de la persona que lo ayudó a completar este formulario y su relación con usted

Firma Relación

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.

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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:** ☐ New Voter Registration ☐ Updating Voter Registration

Eligibility

1. Are you a citizen of the United States of America? ☐ Yes ☐ No
   Will you be 18 years of age on or before election day? ☐ Yes ☐ 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.)**

Name

2. LAST NAME: FIRST NAME:
   FULL MIDDLE OR MAIDEN NAME: SUFFIX (Sr., Jr., II):

Residence Address (Where you live and claim homestead exemption, if any)

HOUSE # & STREET (NO P.O. BOX): UNIT/APT #:
CITY/TOWN: STATE LA ZIP CODE:

Give Location (If Necessary)

Mailing Address (If different from Residence Address)

3. ☐ Check if no postal service at your residence address above and supply mailing address here.
HOUSE # & STREET/P.O. BOX: UNIT/APT #:
CITY/TOWN: STATE: ZIP CODE:

Date of Birth 4. ____/____/____ (MM DD YYYY)

5. ***SSN** ____ - ____ - ____ (XXX XX XXXX)

6. **Sex** ☐ M ☐ F

7. **Race** (Optional) ☐ WHITE ☐ BLACK ☐ ASIAN ☐ HISPANIC ☐ AMERICAN INDIAN ☐ OTHER ____

Party Affiliation

8. ☐ DEMOCRAT ☐ GREEN ☐ LIBERTARIAN ☐ REPUBLICAN ☐ NO PARTY ☐ OTHER (Specify) ____

Place of Birth

9. CITY/TOWN: STATE:
   PARISH/COUNTY: COUNTRY:

Mother's Maiden Name 10. ____

11. **Email** ____

12. **Phone** Home: (____) ____ - ____ Other: (____) ____ - ____

LA DL/ID Card #

13. ____ ☐ I do not have a LA DL/ID card.

14. **Do you need assistance in voting?** ☐ No ☐ Yes, Reason: ____

Last Residence Address

15. HOUSE # & STREET:
    CITY: STATE:

Place of Last Registration

16. STATE:
    PARISH/ COUNTY:

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

☐ New Registration Updated Registration: ☐ Address Change ☐ Name Change ☐ Party Change ☐ Change to Assistance in Voting ☐ 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.