

OFFICE USE ONLY	
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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**

Date: \_\_\_\_\_  
SSN: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_  
Race: \_\_\_\_\_

We have good news for you! You may be eligible to receive food assistance through the Louisiana Combined Application Project (LaCAP). This assistance is being offered to Louisiana residents who are at least 60 years old and receive Supplemental Security Income (SSI).

You must complete an application for assistance so that your worker can determine if you are eligible.

You may complete an application:

- online: [www.dcfsls.la.gov/CAFE](http://www.dcfsls.la.gov/CAFE)
- at a DCFS Office or Community partner site in your area, OR
- by answering the questions below and returning the signed form to:  
DCFS Family Support/Economic Stability  
P.O. Box 260031  
Baton Rouge, LA 70826-0031

If you are eligible, you will receive a Louisiana Purchase Card that you can use to help pay for some of your food purchases. 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

**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.

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

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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.

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