

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

1. Tell Us About You

First Name	Middle Initial	Last Name		
Mailing Address	Apt/Lot No.	City	State	Zip Code
Home Address (If different from mailing)	Apt/Lot No.	City	State	Zip Code
Social Security Number	Date of Birth	Parish of Residence		
<i>You can choose not to give Ethnicity and Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.</i>				
2. Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No		3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		
4. Racial Heritage (check all that apply):				
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander			
<input type="checkbox"/> Asian	<input type="checkbox"/> White			
<input type="checkbox"/> Black or African American				

5. Do you receive Supplemental Security Income (SSI)? Yes No
6. 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
7. Phone number where you can be reached during the day. (____) _____
 E-mail address, if available: _____
8. Do you currently receive Supplemental Nutrition Program (SNAP) benefits? Yes No
9. Do you need a new Louisiana Purchase Card? Yes No

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.

10. 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: _____		

11. Do you pay for heating and/or air conditioning separately from your rent? Yes No
12. Do you pay for utilities other than heating, air conditioning, or telephone separately from your rent? Yes No
13. Do you pay telephone expenses separately from your rent? Yes No
14. 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

Voter Registration

Any citizen in the State of Louisiana who has met the voter registration requirements and applies for public assistance must be provided the opportunity to register to vote.

- If you are not registered to vote where you live now, would you like to apply to register to vote?
 Yes No

If you do not check either box, we will assume that you do not want to register to vote at this time.

Please note that the information you give to the agency will remain confidential and will be used only for voter registration purposes. Applying to register or refusing to register to vote will not affect the amount of assistance or services that you may receive from the Department of Children and Family Services. If you would like help filling out the voter registration form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. Contact your worker if you need help.

You may file a complaint if you believe that someone has interfered with your:

- right to register to vote,
- right to decline to register to vote,
- right to privacy in deciding whether to register to vote,
- privacy in applying to register to vote, or
- right to choose your own political party or other political preference.

You may file a complaint with: Louisiana Secretary of State, P.O. Box 94125, Baton Rouge, LA 70804-9125. 1-800-825-3805

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