4 EASY Ways to Apply

ONLINE:
www.LaCHIP.org

MAIL:
LaCHIP
P.O. Box 91278
Baton Rouge, LA
70821-9278

FAX:
1-877-523-2987
(toll-free)

IN PERSON:
Call 1-877-252-2447 for the office closest to you.

DEPARTMENT OF HEALTH AND HOSPITALS

LaCHIP Monthly Income Amounts

NUMBER IN FAMILY	LaCHIP NO-COST	LaCHIP Affordable Plan LOW-COST
1	$1862	$2328
2	$2522	$3153
3	$3182	$3978
4	$3842	$4803
5	$4502	$5628
6	$5162	$6453
7	$5822	$7278
8	$6482	$8103

Income Amounts April 2012 through March 2013.

It's a fact that kids with health insurance live healthier lives.

Apply today!

¿Necesita traductor de español?
Llame al 1-877-252-2447.

Quí vị có cần thông dịch viên người Việt không?
Nếu cần xin gọi số 1-877-252-2447.

TTY Text Telephone for the Hearing Impaired: 1-800-220-5404.

BHSF Form 1-CH
Rev. 03/2012
Prior Issue Obsolete

LaCHIP

Apply Online
www.LaCHIP.org
1-877-2LaCHIP

Health Coverage For Children Under Age 19

PROOF YOU MAY NEED TO SEND US	
FOR ALL APPLICANTS	Send copies of health insurance cards (front and back).
FOR APPLICANTS WHO ARE NOT U.S. CITIZENS	Send copies of Permanent Resident Cards or other forms from U.S. Citizenship and Immigration Services.
FOR CHILDREN AND THEIR PARENTS	Send pay stubs from last month showing gross pay (before taxes) or a letter from the employer. If self-employed, send copies of last year's tax return and all schedule attachments. *Grandparents and other non-parent caregivers do not have to send this information.*
FOR CHILDREN AND THEIR PARENTS	Send proof of gross income (before taxes) for all money that is not from a job like Veteran's Benefits, and alimony. Proof could be award letters or 1099 tax statements. *Grandparents and other non-parent caregivers do not have to send this information.*

RIGHTS & RESPONSIBILITIES

WHAT MEDICAID HAS THE RIGHT TO EXPECT OF YOU	
REPORTING CHANGES	You agree to tell Medicaid within 10 days of these changes: 1) if anyone getting Medicaid moves out of state; 2) if anyone moves into or out of the home; 3) if there are changes in mailing or home address; and/or 4) if there are changes in health insurance and premiums.
SOCIAL SECURITY NUMBERS	You understand Social Security numbers will only be used to get information from other government agencies to make an eligibility decision.
PAYMENT OF MEDICAL CARE BY A THIRD PARTY	By accepting Medicaid, you understand that the Department has the right to get money received by you from other sources like insurance payments or lawsuit settlements for services that Medicaid has paid for you.
CHILD SUPPORT ENFORCEMENT	You understand that Medicaid will only send case information to Child Support Enforcement for medical support if you ask them to. We will make a referral if the parents get Medicaid unless Medicaid determines you have good cause not to cooperate with Support Enforcement.
LOUISIANA HEALTH INSURANCE PREMIUM PAYMENT (LAHIPP)	If you qualify for LaHIPP, we will reimburse you for Employer Sponsored Health Insurance (ESI). You must be enrolled in ESI while you are receiving payments from LaHIPP. If your insurance coverage ends for any reason, you must tell LaHIPP. You will be responsible for paying back any money you received in error from LaHIPP program.

WHAT YOU HAVE THE RIGHT TO EXPECT FROM MEDICAID	
RIGHT TO A FAIR HEARING	You understand that you can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.
NO DISCRIMINATION	You understand Medicaid cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818.
OTHER SERVICES	You understand that information about WIC, KIDMED, and other Medicaid services may be sent to the persons who are eligible for Medicaid.

BHSF Form 1-CH
Rev. 03/2012
Prior Issue Obsolete

For Agency Use Only.
AC Rep Initials: _____

APPLICATION FOR HEALTH COVERAGE FOR CHILDREN UNDER AGE 19

REMEMBER: You can APPLY ONLINE at www.LaCHIP.org

Preferred language? ❑ ENGLISH ❑ SPANISH ❑ VIETNAMESE ❑ OTHER: _____

Where did you get this application? ❑ *LaCHIP/Medicaid Office* ❑ *Business (Store/Work)* ❑ *Doctor's Office* ❑ *Friend/Relative* ❑ *Hospital* ❑ *Festival/Health Fair* ❑ *Pharmacy* ❑ *School* ❑ *Food Stamp Office* ❑ *Health Unit* ❑ *Other*

SECTION 1 *Please **PRINT** clearly in black ink.*

PARENTS OR CAREGIVERS LIVING IN THE HOME WITH THE CHILDREN

PARENT/CAREGIVER #1

Name *(first)* *(middle)* *(last)* *(suffix: Sr., Jr., etc.)*			
❑ Male ❑ Female	**Social Security Number**	**Date of Birth** *(month/day/year)*	
Race *(Optional—you may mark one or more):* ❑ White ❑ Black ❑ Asian ❑ Hispanic ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native—Tribe: ❑ Other:			**Latino?** *(Optional)* ❑ Yes ❑ No
Home Phone ( )	**Cell Phone** ( )	**Other Phone** ( )	

PARENT/CAREGIVER #2

Name *(first)* *(middle)* *(last)* *(suffix: Sr., Jr., etc.)*			
❑ Male ❑ Female	**Social Security Number**	**Date of Birth** *(month/day/year)*	
Race *(Optional—you may mark one or more):* ❑ White ❑ Black ❑ Asian ❑ Hispanic ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native—Tribe: ❑ Other:			**Latino?** *(Optional)* ❑ Yes ❑ No
Home Phone ( )	**Cell Phone** ( )	**Other Phone** ( )	

SECTION 2

MAILING ADDRESS	**P.O. Box or Street Address**		**Apt/Lot Number**
	City	**State**	**Zip**
	Home Parish	**E-mail Address**	
HOME ADDRESS *(IF DIFFERENT)*	**Street Address**		**Apt/Lot Number**
	City	**State**	**Zip**

Questions? Call **1-877-252-2447** or visit us online at **www.LaCHIP.org**

SECTION 3

If there are more than four children in the house, use a separate piece of paper.

CHILDREN'S INFORMATION

	CHILD 1	CHILD 2	CHILD 3	CHILD 4
FIRST NAME				
MIDDLE INITIAL				
LAST NAME, (Suffix: Sr., Jr., etc.)				
DO THEY HAVE MEDICAID NOW?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
DO THEY NEED A NEW MEDICAID CARD?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
ARE THEY APPLYING?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
SEX	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female	❑ Male ❑ Female
SOCIAL SECURITY #				
DATE OF BIRTH *(MONTH/DAY/YEAR)*				
RACE *(OPTIONAL—you may mark one or more)*	❑ White ❑ Black ❑ Asian ❑ Hispanic ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native Tribe: _____ ❑ Other: _____	❑ White ❑ Black ❑ Asian ❑ Hispanic ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native Tribe: _____ ❑ Other: _____	❑ White ❑ Black ❑ Asian ❑ Hispanic ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native Tribe: _____ ❑ Other: _____	❑ White ❑ Black ❑ Asian ❑ Hispanic ❑ Native Hawaiian or Pacific Islander ❑ American Indian or Alaska Native Tribe: _____ ❑ Other: _____
LATINO? *(OPTIONAL)*	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
NAME OF 1ST PARENT/ CAREGIVER: _____ CHILD'S RELATIONSHIP TO THIS PERSON	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____
NAME OF 2ND PARENT/ CAREGIVER: _____ CHILD'S RELATIONSHIP TO THIS PERSON	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____	❑ Child ❑ Step-child ❑ Grandchild ❑ Other: _____
A disability is a physical or mental impairment that lasts for at least one year or is expected to result in death.				
DOES THIS CHILD HAVE A DISABILITY?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
DOES CHILD HAVE HEALTH INSURANCE?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
HAS HEALTH INSURANCE ENDED IN THE PAST 12 MONTHS?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
The answers you give about immigration status are kept private.				
IS THIS CHILD A U.S. CITIZEN?	❑ Yes—Skip to section 4 ❑ No	❑ Yes—Skip to section 4 ❑ No	❑ Yes—Skip to section 4 ❑ No	❑ Yes—Skip to section 4 ❑ No
IS CHILD A LAWFUL PERMANENT RESIDENT?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
DATE CHILD WAS GRANTED RESIDENCY?				
ALIEN #	A#	A#	A#	A#
PERMANENT RESIDENT CARD #				

SECTION 4

PREGNANCY	Is anyone in the home pregnant who wants to apply for Medicaid? ❑ Yes—Answer the next questions ❑ No—Skip to section 5.	
	Who is pregnant?	Expected due date?

SECTION 5

INCOME FROM A JOB

Do parents or children in the home work? ❑ Yes—Fill out below ❑ No—Skip to section 6.

Examples: • Cash • Checks • Tips *Only include income of parents or children who work.*

Do not include income of grandparents or other non-parent caregivers. Please list each job.

Use a separate piece of paper if room is needed for information on additional jobs.

Worker Name			
Employer Name & Phone Number Check box if self employed.	❑ Self Employed	❑ Self Employed	❑ Self Employed
How Much Is Paid? Gross income before taxes—*including cash, checks, tips, bonuses, commission, etc.*			
How Often Paid? Weekly, every 2 weeks, twice a month, monthly.			
Is Health Insurance Offered?	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No

SECTION 6

OTHER INCOME

Do parents or children in the home receive income that is not from a job?

❑ Yes—Fill out below ❑ No—Skip to section 7.

Examples: • Child Support (list the child as the person who gets it) • Social Security • SSI • Unemployment • Worker's Comp • Disability • Money from Friends/Relatives • Alimony • Veterans' Benefits • Something Else Only include income of parents or children receiving the income. Do not list income received by grandparents or other non-parent caregivers.

Who Gets It?	Where is it from?	How Much?	How Often? (Weekly, every 2 weeks, twice a month, monthly)

SECTION 7

CHILD SUPPORT/ ALIMONY

Does any parent/caregiver in the home pay court-ordered child support or alimony? ❑ Yes—Fill out below ❑ No—Skip to section 8	
Who Pays It?	
How Much is Paid? Child Support: Alimony:	How Often Paid? (Ex: Weekly, every 2 weeks, twice a month, monthly)

SECTION 8		
DAYCARE/ ATTENDANT CARE	Does anyone in the home pay daycare for a child or for care for a person with a disability? ❑ Yes—Fill out below ❑ No—Skip to section 9	
	Whose care is paid for?	Who pays for the care?
	How much is paid?	How often paid?
	Does anyone help pay for it? ❑ Yes—How much?	❑ No
	Name of daycare or caregiver:	Phone Number ( )

SECTION 9		
RECENT MEDICAL EXPENSES	Are there any medical bills, (paid or unpaid), for any child during the last three months? ❑ Yes—Fill out below ❑ No—Skip to section 10	
	Who received medical services?	In what months?
	Provider name(s) and phone number(s):	

SECTION 10	
THIS IS THE END OF THE APPLICATION. SIGN BELOW.	
By signing this application I am giving my permission to the State of Louisiana and its agents to make contacts to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or had read to me the "Rights and Responsibilities" section of the application, including fraud penalties, as described in this application.	SIGN HERE X DATE

SEND YOUR COMPLETED APPLICATION TO:

LaCHIP

P. O. BOX 91278
BATON ROUGE, LA 70821-9278
OR FAX TO: 1-877-523-2987

Questions? Call **1-877-252-2447** or visit us online at **www.LaCHIP.org**

BHSF Form VRD
Issued 07/21/11

_____
AC/Office Name

Department of Health and Hospitals
Voter Registration Declaration (Optional)

If you fill it out, your answers will not affect the benefits you get from the *Louisiana Department of Health and Hospitals*.

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

- If you checked "Yes," please complete the attached form called the "Louisiana Mail Voter Registration Application." You may mail your completed Voter Registration Application to your local Registrar of Voters listed on the application or mail it to the Department of Health and Hospitals.
- **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.

If you would like help in filling out the voter registration application form, we will help you. **You may call us toll-free at 1-888-342-6207.** The decision whether to seek or accept help is yours. You may fill out the application form in private.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

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:

Louisiana Secretary of State
Commissioner of Elections
P.O. Box 94125
Baton Rouge, LA 70804-9125
Phone: (toll-free) 1-800-883-2805

_____	_____	_____
Print Your Name	Social Security Number	Date of Birth
_____	_____	
Sign Your Name	Today's Date	

ACADIA
Courthouse #115
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 71153-1253
(318)226-6891

CALCASIEU
1000 Ryan St. #7
Lake Charles, LA 70601-5250
(337)437-3572

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 Suite 1
Homer, LA 71040-3914
(318) 927-3332

CONCORDIA
4001 Carter St. #4
Vidalia, LA 71373-3021
(318) 3367770

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) 4354489

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 7054-65361
(337) 824-0834

LAFAYETTE
1010 Lafayette #313
Lafayette, LA 70501-6885
(337) 291-7140

LAFOURCHE
307 W. 4th St. #101
Thibodaux, LA 70301-3105
(985) 447-3256

LASALLE
P. O. Box 2439
Jena, LA 71342-2439
(318) 992-2254

LINCOLN
100 W. Texas Ave.
Ruston, LA 71270-4463
(318) 251-5110

LIVINGSTON
P. O. Box 968
Livingston, LA 707540968
(225) 686-3054

MADISON
100 N. Cedar St.
Tallulah, LA 71282-3892
(318) 574-2193

MOREHOUSE
129 N. Franklin
Bastrop, LA 71220-3815
(318) 281-1434

NATCHITOCHES
P. O. Box 677
Natchitoches, LA 71458-0677
(318) 357-2211

ORLEANS
1300 Perdido #1W23
New Orleans, LA 70112-2127
(504) 658-8300

OUACHITA
122 St John St #114
Monroe, LA 71201-7342
(318) 3271436

PLAQUEMINES
P. O. Box 989
Port Sulphur, LA 70083-0989
(504) 564-6957

POINTE COUPEE
211 E. Main St.
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) 783-2731

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
Courthouse
415 S. Martin St.
St. Martinville, LA 70582-4549
(337) 394-2204

ST. MARY
500 Main St. #301
Franklin, LA 70538-6144
(337) 828-4100

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
P. O. Box 9189
Houma, LA 70361-9189
(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.
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
Courthouse 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

Received by:_____

PLACE IN AN ENVELOPE AND MAIL TO YOUR

REGISTRAR OF VOTERS

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.

Box 4: Provide your age.

Boxes 6 & 14: You must provide your Louisiana driver's license 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 Louisiana driver's license 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 8, 12 & 13: The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

Box 9: If you do not complete this item, your party affiliation will be listed as 'none', 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 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 18: If you are using this form to request a change of name, you must print the name to be changed here.

Box 19: 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 TEAR ALONG PERFORATED LINE BEFORE MAILING.

LOUISIANA MAIL VOTER REGISTRATION APPLICATION
FORM #04

OFFICIAL USE ONLY
COMP REG # _____ Reg Type _____ Wd/ Dist_____ Pct_____ In_____ Out_____

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.

2 NAME OF APPLICANT (PLEASE PRINT NAME)

LAST | First | FULL MIDDLE OR MAIDEN

GIVE LOCATION

3 RESIDENCE ADDRESSS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)

HOUSE OR APT. NO. & STREET | CITY OR TOWN | STATE | ZIP

IF NO mail delivery to residential address, check here: ( ) | MAILING ADDRESS IF DIFFERENT

4 AGE	**5 DATE OF BIRTH**		**6 * SOCIAL SECURITY #** (CIRCLE ONE)	**7 SEX** (CIRCLE ONE)	**8 ** RACE/ ETHNIC ORIGIN** (CIRCLE ONE)
	MONTH DAY	YEAR	NO YES #_____	MALE FEMALE	WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER: _____

9 PARTY AFFILIATION CIRCLE ONE)	**10 APPLICANTS'S PLACE OF BIRTH**			**11 MOTHERS MAIDEN NAME**
DEM GRN LBT RFM REP NONE OTHER (SPECIFY) _____	CITY OR TOWN	PARISH OR COUNTY	STATE	COUTNRY

12 ** HOME PHONE	**13 ** DAYTIME PHONE**	**14 LA DRIVERS LICENSE / I.D. #** (CIRCLE ONE)	**15 Will you require assistance at the polls?** (CIRCLE ONE)
( )	( )	NO YES #_____	NO YES IF YES, GIVE REASON

16 LAST RESIDENCE ADRESS	**17 PLACE OF REGISTRATION**		**18 FOMER REGISTERED NAME, IF APPLICABLE**
ADDRESS	PARISH OR COUNTY	STATE	

AFFIRMATION : 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 $1,000 ($2,500 for subsequent offense) or imprisonment for not more than 1 year.

19 SIGN YOUR NAME IN BOX AT RIGHT

DATE: _____/_____/_____

20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE

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**

LR-1M (REV. 1/11, 7/11) R.S. 18:104 FORM #04