

Proyecto de solicitud simplificada

para adultos mayores para SNAP

Esta solicitud se usa para personas que solicitan el Programa de Asistencia Nutricional Suplementaria (SNAP) si:

- Todos los adultos en el grupo familiar son mayores de 60 años o discapacitados; O
- Todos los miembros adultos del grupo familiar son mayores de 60 años o discapacitados y compran y preparan comida por separado de las demás personas en la casa, y
- Ningún miembro recibe ingresos por trabajo.

Puede presentar su solicitud completando abajo su nombre, dirección y firma. Si necesita ayuda para completar la solicitud, llame al 1-888-524-3578. Nos ayudará a procesar su solicitud más rápido si nos da un teléfono donde podamos localizarlo durante el día y entrega una copia de una identificación con foto u otra prueba de identidad.

¿Puede leer y entender el inglés? Sí No

Si respondió No, ¿qué idioma puede leer y entender? _____

¿Necesita un intérprete? Sí No Si respondió Sí, ¿de qué idioma? _____

¿Necesita una nueva tarjeta EBT? Sí No

Comencemos				
Primer nombre	Inicial del segundo nombre	Apellido	Apellido de soltera u otro apellido	
Dirección postal	N.º de apto./lote	Ciudad	Estado	Código postal
Dirección de domicilio (Si es diferente a la dirección postal)	N.º de apto./lote	Ciudad	Estado	Código postal
Distrito de residencia		Dirección de correo electrónico		
Teléfono de casa		Otro teléfono		
Un representante autorizado es alguien que puede actuar en nombre del grupo familiar para hacer trámites en la agencia. Complete esta sección si quiere nombrar un representante autorizado.				
Nombre del representante autorizado		Teléfono del representante autorizado		
Dirección del representante autorizado		¿Cuál es la relación del representante autorizado con el solicitante?		

Díganos quién vive con usted y quién compra y prepara las comidas junto con usted.

Nombre (primer nombre, inicial del segundo nombre, apellido)	Relación con usted	FECHA DE NACIMIENTO	SSN	Sexo	Discapacitado	Ciudadano de EE. UU.	Origen étnico	Raza
	(Autónomo)				<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Hispano/latino <input type="checkbox"/> No hispano ni latino	
					<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Hispano/latino <input type="checkbox"/> No hispano ni latino	
					<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Hispano/latino <input type="checkbox"/> No hispano ni latino	
					<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Sí <input type="checkbox"/> No	<input type="checkbox"/> Hispano/latino <input type="checkbox"/> No hispano ni latino	

La respuesta de origen étnico y raza no es obligatoria. Si no se responde, la agencia hará la selección. Dar el estado de ciudadanía/migratorio es voluntario y está sujeto a verificación por USCIS. Si un miembro de su grupo familiar no quiere dar información sobre el estado de ciudadanía/migratorio, ese miembro no será elegible para los beneficios.

Haga una lista de todas las personas que viven en su casa que no compran ni preparan comidas con usted.

Nombre	Relación con usted	FECHA DE NACIMIENTO	
			¿Paga esa persona alguna parte de las facturas del grupo familiar? <input type="checkbox"/> Sí <input type="checkbox"/> No
			¿Le da dinero esta persona? <input type="checkbox"/> Sí <input type="checkbox"/> No
			¿Paga esta persona alguna parte de las facturas del grupo familiar? <input type="checkbox"/> Sí <input type="checkbox"/> No
			¿Le da dinero esa persona? <input type="checkbox"/> Sí <input type="checkbox"/> No
			¿Paga esa persona alguna parte de las facturas del grupo familiar? <input type="checkbox"/> Sí <input type="checkbox"/> No
			¿Le da dinero esa persona? <input type="checkbox"/> Sí <input type="checkbox"/> No

Ingresos

Haga una lista de los ingresos de todos los miembros de su grupo familiar, incluyéndose usted. Los tipos de ingresos incluyen: por empleo, Seguro Social, SSI, pensión, jubilación, manutención de menores, pensión alimenticia, aportaciones de dinero en efectivo, desempleo o compensación de los trabajadores, alojamiento y comida, seguro por discapacidad, beneficios de veteranos, pagos de anualidades y otros ingresos.

Tipo de ingresos	¿Quién recibe estos ingresos?	Cantidad bruta mensual de esos ingresos

¿Alguien en su grupo familiar trabaja por cuenta propia? Sí No
Si respondió Sí, ¿quién trabaja por cuenta propia?

¿Alguien en su grupo familiar trabaja para un empleador? Sí No
Si respondió Sí, ¿quién?

Gastos del grupo familiar

Tipo de gasto	¿Quién paga el gasto?	Cantidad del gasto	¿Con qué frecuencia se paga el gasto?
Alquiler/hipoteca			
Alquiler del lote			
Seguro del propietario			
Impuestos a la propiedad			
Electricidad			
Gas			
Agua			
Teléfono			

¿Paga la calefacción o el aire acondicionado de su casa por separado del alquiler? Sí No

¿Recibe su grupo familiar LIHEAP (Programa de asistencia energética para hogares con bajos ingresos [Low Income Home Energy Assistance Program])? Sí No

Gastos médicos				
¿Paga alguien en su grupo familiar gastos médicos de su bolsillo? (Por ejemplo: medicamentos con receta, consultas con el médico, facturas de hospital, seguro médico, primas de Medicare, transporte médico) entre \$35.01 y \$196.00 por mes? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Nombre de la persona que tiene el gasto médico	Tipo de gasto	¿Quién paga el gasto?	Cantidad pagada	¿Con qué frecuencia se hace el pago?
Gasto de manutención de menores				
¿Paga alguien en su grupo familiar manutención de menores legalmente obligada a alguien que no vive con usted? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿quién paga manutención de menores legalmente obligada?				
¿Cuánto está obligada a pagar esa persona?				
¿Cuánto paga esa persona?				
Otra información del grupo familiar				
¿Ha recibido SNAP de otro estado alguien en su grupo familiar? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿quién recibió SNAP de otro estado? _____				
¿De qué estado se recibió SNAP?				
¿Descalificaron, redujeron o suspendieron los beneficios alguna vez a alguien en su grupo familiar por infringir las reglas de SNAP? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿a quién?				
¿Está violando las condiciones de su libertad condicional o bajo palabra alguien en su grupo familiar? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿quién?				
¿Está tratando de evitar el enjuiciamiento o la cárcel por un delito grave alguien en su grupo? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿quién?				
¿Ha sido condenado usted o alguien en su grupo familiar como adulto por un delito grave que haya ocurrido después del 7 de febrero de 2014 por uno de los siguientes delitos? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Abuso sexual agravado según la sección 2241 del Título 18, U.S.C; asesinato según la sección 1111 del Título 18, o delito estatal que implique agresión sexual, según se define en la sección 40002(a) de la Violence Against Women Act (Ley de violencia contra la mujer) de 1994 (42 U.S.C. 13925(a)); un delito según la ley estatal que haya determinado el Fiscal General como sustancialmente similar a un delito mencionado arriba.				
Si respondió Sí, ¿quién? _____				
¿Está cumpliendo esa persona los términos de su sentencia? <input type="checkbox"/> Sí <input type="checkbox"/> No				
¿Recibió usted o alguien en su grupo familiar ganancias por apostar de \$4250 o más en un solo juego antes de impuestos y otras retenciones? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿quién? _____				
¿Cuándo se recibieron las ganancias por apostar? _____				
¿Quiere recibir una copia de su solicitud? <input type="checkbox"/> Sí <input type="checkbox"/> No				
Si respondió Sí, ¿en qué formato quiere recibirla? <input type="checkbox"/> Impreso <input type="checkbox"/> Electrónico				

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.

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.



Louisiana Registrars of Voters Address Page

(Rev. 12/21)

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

LOUISIANA REGISTRARS OF VOTERS OFFICE ADDRESSES

ACADIA 568 NW Court Circle Crowley, LA 70526-4363 (337) 788-8841	EAST BATON ROUGE 222 St. Louis St., Rm. 201 Baton Rouge, LA 70802-5860 (225) 389-3940	MADISON 100 N. Cedar St., Rm. #5 Tallulah, LA 71282-3892 (318) 574-2193	ST. LANDRY P.O. Box 818 Opelousas, LA 70571-0818 (337) 948-0572
ALLEN P.O. Box 150 Oberlin, LA 70655-0150 (337) 639-4966	EAST CARROLL P.O. Box 708 Lake Providence, LA 71254-0708 (318) 559-2015	MOREHOUSE 129 N. Franklin St., Ste. 1 Bastrop, LA 71220-3815 (318) 281-1434	ST. MARTIN 415 Saint Martin St. St. Martinville, LA 70582-4549 (337) 394-2204
ASCENSION 828 S. Irma Blvd., Rm. 205 Gonzales, LA 70737-3631 (225) 621-5780	EAST FELICIANA P.O. Box 488 Clinton, LA 70722-0488 (225) 683-3105	NATCHITOCHE P.O. Box 677 Natchitoches, LA 71458-0677 (318) 357-2211	ST. MARY 500 Main St., Courthouse, Rm. 301 Franklin, LA 70538-6144 (337) 828-4100, ext. 360
ASSUMPTION P.O. Box 578 Napoleonville, LA 70390-0578 (985) 363-7347	EVANGELINE 200 Court St., Ste. 102 Ville Platte, LA 70586-4463 (337) 363-5538	ORLEANS 1300 Perdido St., Rm. 1W24 New Orleans, LA 70112-2127 (504) 658-8300	ST. TAMMANY 701 N. Columbia St. Covington, LA 70433-2709 (985) 809-5500
AVOUELLES 312 N. Main St., Ste. E Marksville, LA 71351-2409 (318) 253-7129	FRANKLIN 6560 Main St. Winnsboro, LA 71295-2750 (318) 435-4489	OUACHITA 1650 Desiard St., Rm. 125 Monroe, LA 71201 (318) 327-1436	TANGIPAHOA P.O. Box 895 Amite, LA 70422-0895 (985) 748-3215
BEAUREGARD P.O. Box 952 De Ridder, LA 70634-0952 (337) 463-7955	GRANT 200 Main St., Courthouse Bldg. Colfax, LA 71417-1828 (318) 627-9938	PLAQUEMINES P.O. Box 989 Port Sulphur, LA 70083-0989 (504) 934-3620	TENSAS P.O. Box 183 St. Joseph, LA 71366-0183 (318) 766-3931
BIENVILLE P.O. Box 697 Arcadia, LA 71001-0697 (318) 263-7407	IBERIA 300 S. Iberia St., Ste. 110 New Iberia, LA 70560-4543 (337) 369-4407	POINTE COUPEE P.O. Box 520 New Roads, LA 70760-0520 (225) 638-5537	TERREBONNE 8026 Main St., Ste. 101 Houma, LA 70360 (985) 873-6533
BOSSIER P.O. Box 635 Benton, LA 71006-0635 (318) 965-2301	IBERVILLE P.O. Box 554 Plaquemine, LA 70765-0554 (225) 687-5201	RAPIDES 701 Murray St. Alexandria, LA 71301-8099 (318) 473-6770	UNION P.O. Box 235 Farmerville, LA 71241-0235 (318) 368-8660
CADDO P.O. Box 1253 Shreveport, LA 71163-1253 (318) 226-6891	JACKSON 500 E. Court St., Rm. 102 Jonesboro, LA 71251-3400 (318) 259-2486	RED RIVER P.O. Box 432 Coushatta, LA 71019-0432 (318) 932-5027	VERMILION 100 N. State St., Ste. 120 Abbeville, LA 70510 (337) 898-4324
CALCASIEU 1000 Ryan St., Rm. 7 Lake Charles, LA 70601-5250 (337) 721-4000	JEFFERSON P.O. Box 10494 Jefferson, LA 70181-0494 (504) 736-6191	RICHLAND P.O. Box 368 Rayville, LA 71269-0368 (318) 728-3582	VERNON P.O. Box 626 Leesville, LA 71496-0626 (337) 239-3690
CALDWELL P.O. Box 1107 Columbia, LA 71418-1107 (318) 649-7364	JEFFERSON DAVIS 302 N. Cutting Ave. Jennings, LA 70546-5361 (337) 824-0834	SABINE 400 Capitol St., #107 Many, LA 71449-3099 (318) 256-3697	WASHINGTON 900 Washington St., Ste. 3 Franklinton, LA 70438-1719 (985) 839-7850
CAMERON P.O. Box 1 Cameron, LA 70631-0001 (337) 775-5493	LAFAYETTE 1010 Lafayette St., Ste. 313 Lafayette, LA 70501-6885 (337) 291-7140	ST. BERNARD 8201 W. Judge Perez Dr. Chalmette, LA 70043-1696 (504) 278-4231	WEBSTER P.O. Box 674 Minden, LA 71058-0674 (318) 377-9272
CATAHOULA P.O. Box 215 Harrisonburg, LA 71340-0215 (318) 744-5745	LAFOURCHE 307 W. 4th St. Thibodaux, LA 70301-3105 (985) 447-3256	ST. CHARLES P.O. Box 315 Hahnville, LA 70057-0315 (985) 783-5120	WEST BATON ROUGE P.O. Box 31 Port Allen, LA 70767-0031 (225) 336-2421
CLAIBORNE 507 W. Main St., Ste. 1 Homer, LA 71040-3914 (318) 927-3332	LASALLE P.O. Box 2439 Jena, LA 71342-2439 (318) 992-2254	ST. HELENA P.O. Box 543 Greensburg, LA 70441-0543 (225) 222-4440	WEST CARROLL P.O. Box 71 Oak Grove, LA 71263-0071 (318) 428-2381
CONCORDIA 4001 Carter St., Ste. K Vidalia, LA 71373-3021 (318) 336-7770	LINCOLN 100 W. Texas Ave., #10 Ruston, LA 71270-4463 (318) 251-5110	ST. JAMES P.O. Box 179 Convent, LA 70723-0179 (225) 562-2330	WEST FELICIANA P.O. Box 2490 St. Francisville, LA 70775-2490 (225) 635-6161
DESOTO 104 Crosby St. Mansfield, LA 71052-2046 (318) 872-1149	LIVINGSTON P.O. Box 968 Livingston, LA 70754-0968 (225) 686-3054	ST. JOHN 1811 W. Airline Hwy. LaPlace, LA 70068-3344 (985) 359-0179	WINN 119 W. Main St., Rm. 105 Winnfield, LA 71483-3238 (318) 628-6133



Louisiana Voter Registration Application

(LA-VRA - Rev. 6/19)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →
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 # _____

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. / / 5. *SSN 6. Sex 7. Race

MM DD YYYY XXX XX XXXX M F (Optional) WHITE BLACK ASIAN
 HISPANIC AMERICAN INDIAN
 OTHER _____

Party Affiliation 8. DEMOCRAT GREEN INDEPENDENT
 LIBERTARIAN REPUBLICAN NO PARTY
 OTHER (Specify) _____

Place of Birth 9. CITY/TOWN: _____ STATE: _____
 PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name 10. _____

Email 11. _____

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

LA DL/ID Card # 13. _____
 I do not have a LA DL/ID card.

Do you need assistance in voting? 14. No
 Yes, Reason: _____

Last Residence Address 15. HOUSE # & STREET: _____
 CITY: _____ STATE: _____

Place of Last Registration 16. STATE: _____
 PARISH/COUNTY: _____

Former Registered Name, if any 17. _____

Affirmation and Signature (Read and sign or make your mark.)
 18. I do hereby solemnly swear or affirm 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. 6/19)

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."*

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.*

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** - If you are registering for the first time, you may choose a party affiliation of Democrat, Green, Independent, 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," or if you do not complete this section, 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. **Affirmation and Signature** - Read the affirmation 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 affirming 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.

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.