

	Denominación del proceso:
	# de Identificación (ID) del proceso:
	Trabajador:

**Nota: Por favor diligencia y entregue este formulario en caso de algún cambio en las condiciones de su núcleo familiar.**

Entiendo perfectamente mi responsabilidad de informar todos los cambios que puedan afectar mi condición de idoneidad para el Programa de Asistencia para la Infancia, o del valor del pago de la agencia, dentro de los 10 días siguientes al conocimiento de los mismos por mi parte. El incumplimiento del informe oportuno de los cambios puede traer como consecuencia una demanda legal por parte de la agencia. Entiendo perfectamente que estoy obligado a informar el caso eventual de que el proveedor que atiende a mi hijo(a) comience a vivir con nosotros, o hayamos decidido compartir la misma dirección postal.

**Dentro de los 10 días siguientes a cualquier cambio debo entregar la siguiente información:**

- Cambio en la dirección de vivienda del núcleo familiar
- Cualesquier cambios en la composición de mi núcleo familiar [p.ej., retiro del hogar del niño que recibe los beneficios de atención para la infancia, o que ya no esté al cuidado del proveedor de atención para la infancia, etc.).
- El proveedor de mi hijo de asistencia para la infancia se muda conmigo o yo me mudo con él, o comenzamos a compartir la misma dirección postal (exceptuando un apartado postal).
- Intensidad horaria por día que ha cambiado la concurrencia de mi(s) hijo(s) al programa de asistencia para la infancia.
- Cambio de proveedores de servicios de asistencia para la infancia.
- Agregue o cambie los designados del núcleo familiar
- Cambios en la entrada mensual que causen un exceso del 85% del ingreso de mi núcleo familiar, sobre el máximo permitido por el programa CCAP para el ingreso bruto promedio.
- Un cambio en los términos o la terminación del contrato de trabajo, de capacitación o educación, para cada miembro adulto del núcleo familiar.

**Por este medio informo los siguientes cambios (marque todos los que sean pertinentes):**

- 1. Ya no requiero apoyo del programa de asistencia para la infancia.
- 2. Mi núcleo familiar ha mudado de residencia.

Fecha de mudanza:	Número de teléfono:	
Nueva dirección postal:	Dirección de la nueva residencia:	
Ciudad:	Estado:	Código postal:

3. La composición de mi núcleo familiar ha cambiado.

Ingrese la información necesaria por cada persona que haya ingresado (incluidos recién nacidos) o retirado del hogar.

Nombre	Fecha de nacimiento	Número de seguro social (opcional)	Ingreso/retiro	Fecha de mudanza	Atención requerida
					<input type="radio"/> Sí <input type="radio"/> No
					<input type="radio"/> Sí <input type="radio"/> No
					<input type="radio"/> Sí <input type="radio"/> No
					<input type="radio"/> Sí <input type="radio"/> No

**Nota:** Los números del seguro social no son necesarios para la determinación de idoneidad al programa de asistencia para la infancia, y esta condición no puede ser rechazada por la ausencia de tal información. En caso de entregarse, los números del seguro social pueden utilizarse para verificar el ingreso y la necesidad de asistencia social, o para el levantamiento de información colectiva o estadística.

4. Mi núcleo familiar comparte la misma dirección postal o de residencia con el proveedor de servicios de atención para mi hijo(a).

Fecha del cambio:
Nueva dirección postal:
Dirección de la nueva residencia:
Número de teléfono:

5. La intensidad horaria o la cantidad de días que mi(s) hijo(s) asisten al programa de atención para la infancia ha cambiado.

El/los niño(s) que ha(n) tenido un cambio en la asistencia al centro de atención es(son):				
Nombre del niño (apellidos, nombre)	Fecha de nacimiento	Intensidad horaria total por semana	Días durante cada semana	Fecha del cambio
			<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	
			<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	
			<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	
			<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	

6. Mi hijo(a) requiere atención en verano a partir de: Fecha de comienzo: \_\_\_\_\_ Fecha de terminación: \_\_\_\_\_
7. He cambiado los proveedores de atención para la infancia de mi hijo(a).
8. Prefiero permanecer con mi proveedor actual, a partir de: \_\_\_\_\_

Niño(s) asignados a un proveedor nuevo o actual:						
Nombre del niño (apellidos, nombre)	Fecha de nacimiento	Información de contacto del proveedor	Tipo de atención [uno por cada niño(a)]	Intensidad horaria total por semana	Días durante cada semana	Fecha cambiada:
		Nombre: _____ Dirección: _____ # de teléfono: _____ INFORMACIÓN CONFIDENCIAL Proveedor #: _____	<input type="radio"/> Doméstico <input type="radio"/> Sede del proveedor <input type="radio"/> Centro de clase A <input type="radio"/> Otro		<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	
		Nombre: _____ Dirección: _____ # de teléfono: _____ INFORMACIÓN CONFIDENCIAL Proveedor #: _____	<input type="radio"/> Doméstico <input type="radio"/> Sede del proveedor <input type="radio"/> Centro de clase A <input type="radio"/> Otro		<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	
		Nombre: _____ Dirección: _____ # de teléfono: _____ INFORMACIÓN CONFIDENCIAL Proveedor #: _____	<input type="radio"/> Doméstico <input type="radio"/> Sede del proveedor <input type="radio"/> Centro de clase A <input type="radio"/> Otro		<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	
		Nombre: _____ Dirección: _____ # de teléfono: _____ INFORMACIÓN CONFIDENCIAL Proveedor #: _____	<input type="radio"/> Doméstico <input type="radio"/> Sede del proveedor <input type="radio"/> Centro de clase A <input type="radio"/> Otro		<input type="radio"/> Lun. <input type="radio"/> Mar. <input type="radio"/> Miérc. <input type="radio"/> Juev. <input type="radio"/> Vier.	

9. Agregar/cambiar el/los designado(s) de mi núcleo familiar

Nombre del designado del núcleo familiar	Fecha de nacimiento	Dirección de residencia del designado del núcleo familiar:	Agregar/cambiar (encierra en un círculo a continuación)	Relación del conductor del núcleo familiar (HD en inglés) con la persona cabeza de hogar
			<input type="radio"/> Agregar <input type="radio"/> Cambiar	
			<input type="radio"/> Agregar <input type="radio"/> Cambiar	
			<input type="radio"/> Agregar <input type="radio"/> Cambiar	
			<input type="radio"/> Agregar <input type="radio"/> Cambiar	

10. Uno de los miembros de mi núcleo familiar ha dejado de trabajar o de asistir al programa educacional o de capacitación (se debe anexar carta de despido)

Persona que ha dejado de trabajar o de asistir a clases:

Último día de trabajo o de asistencia a clases de capacitación:

11. Un miembro de mi núcleo familiar ha cambiado de trabajo, comenzó uno nuevo, o ha tenido un cambio en el ingreso salarial (se debe anexar comprobación de empleo o el/los formulario(s) que acrediten el nuevo sueldo).

**Personas con cambio en el empleo o en los ingresos:**

Persona empleada	Nombre y dirección del empleador	Intensidad horaria por semana	Ingresos brutos mensuales	Periodicidad del pago	Fecha del cambio

12. El ingreso total de mi núcleo familiar ha excedido los valores que aparecen en la tabla a continuación, teniendo en cuenta su tamaño.

2 PERSONAS	3 PERSONAS	4 PERSONAS	5 PERSONAS	6 PERSONAS	7 PERSONAS	8 PERSONAS	9 PERSONAS
\$2.403	\$2.884	\$3.433	\$3.983	\$4.532	\$4.635	\$4.738	\$4.841

13. Un miembro de mi núcleo familiar ha comenzado a recibir, dejó de recibir, o tuvo un cambio en la cantidad de uno de los siguientes tipos de ingreso no salarial: apoyo para la infancia, pensión alimenticia, subsidios por desempleo, seguro social complementario (SSI en inglés), seguro social, subsidios para veteranos, pensión de jubilación, subsidios por discapacidad o por adopción (se debe anexar documentación de soporte).

Persona que recibe (o recibió ingresos)	Tipo de ingreso	Dejó de recibir	Comenzó o continúa recibiendo	Cantidad recibida	Fecha de vigencia de la recepción

14. Otros (explique):

Entiendo perfectamente que los pagos que recibe mi hijo por concepto del programa Asistencia para la Infancia pueden tener ajustes, debido al, o a los, cambio(s) en mi condición mencionados anteriormente: Entiendo perfectamente que recibiré aviso por escrito de parte de la agencia DCFS si el/los cambio(s) afectan mi condición de idoneidad, o el pago de la cantidad aprobada por el programa Asistencia para la Infancia.

Firma:	Fecha:
Dirección:	# teléfono de casa o del trabajo:

**STATE OF LOUISIANA  
VOTER REGISTRATION AGENCIES  
DECLARATION FORM**

**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 Louisiana Department of Education at 1-877-543-2727.

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 Louisiana Department of Education, 1201 North Third Street, Baton Rouge, LA 70802 or CCAP Household Eligibility P.O. Box 260037, Baton Rouge, LA 70826 forms.

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<b>Signature or Mark</b>	<b>Name Typed or Printed</b>	<b>Date</b>
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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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**Comments/Remarks (for official use only):**



# Louisiana Voter Registration Application (LA-VRA - Rev. 3/19)

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 answered "No" to 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)  
3. HOUSE # & STREET (NO P.O. BOX): \_\_\_\_\_ UNIT/APT #: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE LA ZIP CODE: \_\_\_\_\_  
 Check if no postal service at your residence address above and supply mailing address here.

**Mailing Address** (If different from Residence Address)  
HOUSE # & STREET/P.O. BOX: \_\_\_\_\_ UNIT/APT #: \_\_\_\_\_  
CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**Birthdate** 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.  DEM  GRN  IND  LBT  REP  NO PARTY  OTHER (Specify) \_\_\_\_\_  
9. Place of Birth CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_  
PARISH/COUNTY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**Mother's Maiden Name** 10. \_\_\_\_\_ 11. Email (Optional) \_\_\_\_\_ 12. Phone (Optional) 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: \_\_\_\_\_

**Place of Last Residence** 15. HOUSE # & STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
16. Place of Last Registration STATE: \_\_\_\_\_ PARISH/COUNTY: \_\_\_\_\_  
17. Former Registered Name, if any \_\_\_\_\_

**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. Any false statement may constitute perjury.  
Applicant Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

**Witnesses** (If your signature is a mark, you must have two witnesses sign)  
19. Witness #1 Signature:  \_\_\_\_\_ Print Name: \_\_\_\_\_  
Witness #2 Signature:  \_\_\_\_\_ Print Name: \_\_\_\_\_

\* Last 4 digits of the social security number are required, if issued, and you have no LA driver's license or LA special ID; full SSN number is preferred but optional.

OFFICIAL USE ONLY  
CHECK ONE  New Registration  Updated Registration:  Address Change  Name Change  Party Change  Change in Assistance in Voting  
REMARKS: \_\_\_\_\_  
CIRCLE ONE: PA MN RG SDA SS (Disability) Received by: \_\_\_\_\_ Date: \_\_\_\_\_

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.



# Louisiana Voter Registration Application

(LA-VRA - Rev. 4/17)

**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 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 grey section numbers on this page correspond to the grey 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 answered "No" to these questions, do not complete this application 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.
3. *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, you **must** attach either 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 number remains confidential and is only used for registration purposes.*
5. *Sex* - Check male or female (*for statistical purposes only*).
6. *Race* - Race/Ethnic origin is optional (*for statistical purposes only*).
7. *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 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.
8. *Place of Birth* - Print the city/town, parish/county, state and country of your birth place (*for statistical purposes only*).
9. *Mother's Maiden Name* - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown".
10. *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.*
11. *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.*
12. *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.*
13. *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.
14. *Place of Last Residence* - Print the address (number and street), city, and state of your prior residence, if different from residence address in section 3 or write "Same".
15. *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.*
16. *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.
17. *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.*
18. *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](http://www.geauxvote.com) or by calling the 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](http://www.geauxvote.com) and you may register online before the 20<sup>th</sup> day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.