

Louisiana Department of Education  
Child Care Assistance Program

Application for Child Care Assistance

<b>OFFICE USE ONLY</b>	
CID _____	Worker _____
<input type="checkbox"/> New Application	<input type="checkbox"/> Redetermination
_____ Redet M/Y	

1. **IDENTIFYING INFORMATION:** This form should be completed by the caregiver or other household member who is responsible for paying child care costs.

**PLEASE PRINT ALL INFORMATION**

NAME: LAST	FIRST	MIDDLE INITIAL
HOME ADDRESS: STREET	APT. NO.	CITY PARISH ZIP
MAILING STREET/ ADDRESS: P.O. BOX	APT. NO.	CITY PARISH ZIP
TELEPHONE #S: HOME: ( )	WORK: ( )	OTHER PHONE: ( )
Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you participating in a Transitional Living Program? <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. **HOUSEHOLD COMPOSITION:** For this program, a household includes these individuals who live together: Head of Household, Head of household's legal or non-legal spouse, and all dependent children under age 18. List yourself first, then other household members with the oldest members listed first.

NAME (FIRST, MI, LAST)	RELATIONSHIP TO YOURSELF	BIRTH DATE	RACE	SEX	(OPTIONAL) SSN	MARITAL STATUS
	Self					

Is any adult or caregiver listed above disabled?  Yes  No If yes, list the person's name and attach verification of disability (doctor's statement, etc) Name: \_\_\_\_\_

Are all children listed above U. S. citizens?  Yes  No If no, list their names: \_\_\_\_\_

3. **CHILDREN NEEDING CARE:** List the times each day that child care is needed for each child (if school-aged children need care both before- and after-school, list both times; example: 7:00 to 8:00 and 3:30 to 6:00). **NOTE:** If you have not yet selected a child care provider, enter the child's name, age, time each day care is needed, and check the type of care that you plan to use.

NAME OF CHILD	AGE	TYPE OF CARE ONE PER CHILD	NAME/ADDRESS/PHONE# OF PROVIDER	PROVIDER / CHILD RELATIONSHIP	TIME NEEDED EACH DAY	COST OF CARE
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				
		<input type="checkbox"/> Child's Home <input type="checkbox"/> Provider's Home <input type="checkbox"/> Type III Center <input type="checkbox"/> Other				

4. List children from Children Needing Care who attend/will attend Head Start, Pre-Kindergarten, Kindergarten, or school this year:

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5. Are immunizations current on all children in need of child care?  Yes  No If no, list their names:

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6. **PERSONS WHO ARE EMPLOYED:** Enter the name of each caregiver and person age 18 and over listed in Household Composition (on page one) who is working. List ALL jobs (working means full-time, part-time, temporary, self-employment, or odd-job employment, even if the job has just started or will end soon). **Send in check stubs for the 4 most recent pay periods (for each person who is employed).** If check stubs are not available, we will supply a form for the employer to complete to verify earnings for the 4 most recent pay periods.

PERSON EMPLOYED	NAME AND ADDRESS OF EMPLOYER	EMPLOYMENT BEGIN DATE	WORK HOURS/WEEK	WORK DAYS/WEEK	GROSS AMOUNT EARNINGS	HOW OFTEN PAID

7. **OTHER TYPES OF INCOME:** Check the appropriate column next to the type of income that you or any member of your household receives or has applied for. **Send in proof of any income that is checked.**

SOURCE OF INCOME		RECEIVES	APPLIED FOR	PERSON WHO APPLIED/RECEIVES	AMOUNT RECEIVED	HOW OFTEN
A.	Child Support					
B.	Alimony					
C.	Unemployment Benefits					
D.	SSI-Supplemental Security Income					
E.	Social Security Benefits					
F.	Veteran's Benefits					
G.	Retirement Benefits					
H.	Other Disability Benefits					
I.	Adoption Subsidy					
J.	Worker's Compensation					

8. **PERSONS WHO ARE IN SCHOOL OR TRAINING:** Enter the name of each caregiver and person age 18 and over listed in Household Composition (on page one) who is attending a job training or educational program. **Send in verification of school or job training attendance, including the number of hours in class each week and the anticipated date of completion.**

PERSON IN TRAINING	NAME AND ADDRESS OF SCHOOL	CLASS HOURS/WEEK	CLASS DAYS/WEEK	ANTICIPATED COMPLETION DATE

9. **PERSONS WHO ARE LOOKING FOR EMPLOYMENT:** Enter the name of each caregiver and person age 18 and over listed in Household Composition who needs child care assistance to look for work: \_\_\_\_\_

10. **SPECIAL NEEDS:** Does any child, under age 18, need specialized child care because of a physical, mental, or emotional condition?  Yes  No If yes, who? \_\_\_\_\_ For what type of condition? \_\_\_\_\_

Is any child receiving SSI or other disability benefits?  Yes  No If yes, send copy of award letter or copy of a recent check.

**RIGHTS AND RESPONSIBILITIES:**

The fact that you are applying for or receiving assistance from this agency means you have certain rights and responsibilities.

You have the right to confidentiality -- that means that the information given by you will not be released without your written consent, except to agencies and officials as allowed by law. We do not discriminate in the delivery of services. This means you will not be treated differently from others because of your race, color, sex, age, disability, religious beliefs, nation origin or political beliefs. If you think you have been discriminated against, you can file a complaint which will be investigated and appropriate action will be taken.

A decision will be made on your application **within 30 days** after the date the application is received. You will receive written notice of the decision. You can request a Fair Hearing to have the Department of Education review the decision of the CCAP Household Eligibility office handling your case if you think it is not fair. You or your representative may request a Fair Hearing, orally or in writing, if you disagree with any action taken on your case. Your case may be presented at the hearing by any person you choose.

**AGREEMENT:** I agree to let the office know within ten days if any of the following changes occur. I understand that I must report changes that occur after I send in my application, as well as changes that occur after I am determined eligible.

- Change in Address
- Change in Members of my Household, including anyone who moves in or out
- Change in employment, including an interruption for at least three weeks, a change of employer, or a change in the number of hours worked
- Change in income if household's gross monthly income changes more than \$100 in earned income or \$50 in unearned income
- Change in job training or educational program, including an interruption for at least three weeks, a change of programs, or a change in the number of hours of attendance
- Change in Child Care Providers or Provider's Type
- Change in location of where care is being provided
- My child care provider moves in with me or I move in with my child care provider or we begin sharing the same mailing address (with the exception of a post office box)
- Change in Days or Hours Child(ren) are in the child care provider's care
- Beginning or ending of disability

Providing false information, withholding information, or failing to report any of the changes as described above is subject to penalty under the law. If providing false information or withholding information causes an overpayment for child care, you may be required to repay the amount of ineligible benefits made on your behalf. If you purposely fail to report any information that causes ineligible benefits to be made on your behalf, fraud charges may be brought against you and you may be disqualified from participating in the program.

Social Security Numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide Social Security Numbers.

I give permission to the Agency to contact whomever necessary to verify my need for assistance. In addition, I hereby waive the confidentiality of my name and Social Security Number, if provided, so that information may be furnished to employers, government agencies, and any other parties deemed necessary in order to verify my income and need for assistance, or for data collection or statistical purposes.

With my signature below, I certify that I have read and understand my rights and responsibilities. I hereby declare that the times care is needed as listed in item 3 are the times when I and any other Training or Employment Mandatory Participant are working and/or attending a job training or educational program or traveling to and from these activities. I certify under penalty of perjury that all information given on this application form is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**PLEASE RETURN THE COMPLETED APPLICATION FOR CHILD CARE ASSISTANCE TO:**

**CCAP Household Eligibility**  
P.O. Box 260037  
Baton Rouge, LA 70826

**Telephone:** 1.877.453.2721  
**Fax:** 225.342.3906

**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.

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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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**OFFICE USE ONLY  
CLARIFICATIONS:**

**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.

**Boxes 5 & 13:** You must provide your LA driver's license number or LA special identification card 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 LA driver's license number or LA special identification card 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 7, 11 & 12:** The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

**Box 8:** If you do not complete this item, your party affiliation will be listed as 'no party', 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 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

**Box 17:** If you are using this form to request a change of name, you must print the name to be changed here.

**Box 18:** 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 CUT HERE BEFORE MAILING.**

LOUISIANA VOTER REGISTRATION APPLICATION		OFFICIAL USE ONLY	
LR-1 & 1M, FORM #100		Wd / Dist _____	Pct _____
		Reg Type _____	In/Out _____
		REG # _____	
<b>1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/></b> <b>Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/></b> <b>If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.</b>			
<b>2 NAME OF APPLICANT (PLEASE PRINT NAME)</b> LAST _____ FIRST _____ FULL MIDDLE OR MAIDEN _____			<b>GIVE LOCATION</b> 
<b>3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)</b> HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.) _____ CITY OR TOWN _____ STATE _____ ZIP _____			
If NO mail delivery to residential address, check here: ( ) MAILING ADDRESS, IF DIFFERENT _____			
<b>4 DATE OF BIRTH</b> MONTH _____ DAY _____ YEAR _____		<b>5 * SOCIAL SECURITY # (CIRCLE ONE)</b> NO _____ YES # _____	
		<b>6 SEX (CIRCLE ONE)</b> MALE _____ FEMALE _____	
<b>7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)</b> WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____			
<b>8 PARTY AFFILIATION (CIRCLE ONE)</b> DEM _____ GRN _____ LBT _____ RFM _____ REP _____ NO PARTY _____ OTHER (SPECIFY) _____		<b>9 APPLICANT'S PLACE OF BIRTH</b> CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____	
<b>10 MOTHER'S MAIDEN NAME</b> _____			
<b>11 **EMAIL</b> _____		<b>12 ** PHONE</b> HOME ( ) _____ DAY ( ) _____	
		<b>13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE)</b> NO _____ YES # _____	
<b>14 Will you require assistance at the polls?(CIRCLE ONE)</b> NO _____ YES _____ IF YES, GIVE REASON: _____			
<b>15 LAST RESIDENCE ADDRESS</b> ADDRESS _____		<b>16 PLACE OF LAST REGISTRATION</b> PARISH OR COUNTY _____ STATE _____	
<b>17 FORMER REGISTERED NAME, IF APPLICABLE</b> _____			
<b>AFFIRMATION:</b> 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 \$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.			
<b>18 SIGN YOUR NAME IN BOX AT RIGHT.</b> DATE: _____ / _____ / _____			
<b>19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.</b> 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			

**ACADIA**  
568 NW Court Circle  
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 71163-1253  
(318) 226-6891  
**CALCASIEU**  
1000 Ryan St. - Rm. 7  
Lake Charles, LA 70601-5250  
(337) 721-4000  
**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 St. - Suite 1  
Homer, LA 71040-3914  
(318) 927-3332  
**CONCORDIA**  
4001 Carter St., Ste. K  
Vidalia, LA 71373-3021  
(318) 336-7770  
**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) 435-4489  
**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  
(985) 736-6191  
**JEFFERSON DAVIS**  
302 N. Cutting Ave.  
Jennings, LA 70546-5361  
(337) 824-0834  
**LAFAYETTE**  
1010 Lafayette St. - #313  
Lafayette, LA 70501-6885  
(337) 291-7140  
**LAFOURCHE**  
307 W. 4th St.  
Thibodaux, LA 70301-3105  
(985) 447-3256  
**LASALLE**  
P. O. Box 2439  
Jena, LA 71342-2439  
(318) 992-2254  
**LINCOLN**  
100 W. Texas Ave., Rm. 10  
Ruston, LA 71270-4463  
(318) 251-5110  
**LIVINGSTON**  
P. O. Box 968  
Livingston, LA 70754-0968  
(225) 686-3054  
**MADISON**  
100 N. Cedar St.  
Tallulah, LA 71282-3892  
(318) 574-2193

**MOREHOUSE**  
129 N. Franklin St.  
Bastrop, LA 71220-3815  
(318) 281-1434  
**NATCHITOCHES**  
P. O. Box 677  
Natchitoches, LA 71458-0677  
(318) 357-2211  
**ORLEANS**  
1300 Perdido St. - #1W23  
New Orleans, LA 70112-2127  
(504) 658-8300  
**OUACHITA**  
1650 Desiard St., Ste. 125  
Monroe, LA 71201  
(318) 327-1436  
**PLAQUEMINES**  
P. O. Box 989  
Port Sulphur, LA 70083-0989  
(504) 934-3620  
**POINTE COUPEE**  
211 E. Main St. Floor 2  
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) 783-5120  
**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**  
415 Saint Martin St.  
St. Martinville, LA 70582-4549  
(337) 394-2204  
**ST. MARY**  
500 Main St. - #301  
Franklin, LA 70538-6144  
(337) 828-4100, ext. 360  
**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**  
8026 Main St., Ste. 101  
Houma, LA 70360  
(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., #105  
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**  
119 W. Main St. - Room 105  
Winnfield, LA 71483-3238  
(318) 628-6133

**OFFICIAL USE ONLY**

Address Change

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Name Change

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Party Change

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Remarks

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Circle One: PA MV RG SDA SS(Disability)

Received by: \_\_\_\_\_

PLACE IN AN ENVELOPE AND MAIL TO YOUR  
REGISTRAR OF VOTERS