



State of Louisiana

Louisiana Department of Health Office of Aging and Adult Services

Dear Applicant:

Attached is an application for the Permanent Supportive Housing (PSH) Program.

What is PSH?

PSH is a program offering subsidized rental apartments and supportive services for people with long term disabilities who have experienced difficulty living successfully in the community and are at risk of homelessness or institutionalization without supports. Housing supports include things like reminders to pay rent, help arranging medical appointments, and other support services. Only people with disabilities who need these types of supports are eligible for PSH.

What are the PSH Requirements?

To be eligible for PSH, your household must: (1) include a person who has a disability and is currently receiving Medicaid services or Ryan White Services, (2) need housing supports offered by PSH, and (3) be very low-income.

How do I apply if I think I am eligible?

Complete the attached application; please note:

- Reasonable accommodations will be made in completing applications. For assistance in completing an application please call 1-844-698-9075. TTY users should call 1-800-220-5404.
- While we hope you answer all the questions, we can begin processing your application as long as you answer all of the questions that have an asterisk * next to them. Eventually you will need to answer all questions and provide documents verifying your answers. **Preference documentation may be required with application** (see page 9).
- You cannot be found eligible for PSH or offered a housing unit until we have a completed application. Although income verifying documents are not required to submit this application, applicable income documentation is required for all household members to receive a unit referral and will be requested at a later date.
- It must be verified that you are in need of the supports offered through PSH. Please complete the "Permanent Supportive Housing Eligibility" section (pages 5 & 6) in this application.

Where do I send my completed application? Applications will not be accepted in person.

Mail:

Permanent Supportive Housing
1450 Poydras Street, Suite 1133
New Orleans, LA 70112

Fax:

1-504-568-3372

E-mail:

pshapplications@la.gov
(preferred method)

What happens after I have submitted my application?

Once your application is received by PSH, it can take up to 30 days to process. Please do not submit more than 1 application for processing. Once your application is processed you will receive an 'Eligible for Waiting List' or an 'Ineligible' letter in the mail with further instructions. If you do not receive a response after 30 days, please contact our office.



PERMANENT SUPPORTIVE HOUSING (PSH) APPLICATION

Please complete the entire application as fully as possible. The application will not be considered complete unless all of the questions that have an asterisk * are completed. Attach any required documents and return them with the signed application to the address shown on page 1. If you have any questions, please call 1-844-698-9075.

NOTE: If you want to register to vote, fill out page 13 & 15 and mail the **ORIGINAL** voter registration form back to Permanent Supportive Housing; 1450 Poydras Street, Suite 1133; New Orleans, La 70112 **OR** mail the **ORIGINAL** voter registration form to the registrar of voters office in the parish that you live (See page 14 for addresses). Copies of this form **CANNOT** be processed by the registrar of voters office.

APPLICANT (Head of Household) Information *Please Print Clearly*
Applicants (Head of Household) must be age 18 or older.

*First Name	MI	*Last
*Street (address where you receive your mail)	Apt. #	
*City	*State	*Zip Code

It is important that we can get in touch with you. Please provide as many phone numbers as possible.

*Primary: (____) _____ - _____	*Secondary: (____) _____ - _____
Email: _____	Additional: (____) _____ - _____
_____ - _____ - _____	_____/_____/_____
*Social Security Number	* Birth Date

Optional: You may provide an alternative contact in the event that your contact information changes and we cannot locate you.

First Name	MI	Last
Relationship to you: _____		
Primary: (____) _____ - _____	Secondary: (____) _____ - _____	

*indicates required fields



DEMOGRAPHIC INFORMATION

1. Are you homeless? Yes No

2. Are you chronically homeless? Yes No

3. Race (*Voluntary – Please select one or more*):

- White
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Asian
- Asian and White
- Black or African American
- American Indian/Alaskan Native and Black
- American Indian/Alaskan Native and White
- Black/African American and White
- Other: _____

4. Ethnicity/Hispanic Origin (*Voluntary*): Hispanic: Yes No

5. Citizenship (*please check*) Are you a citizen of the United States? Yes No

(Some noncitizens are eligible for this program)

6. Gender (*please check*) Male Female

7. Near elderly (*Is the Head of Household 55 to 61 years of age?*): Yes No

8. Elderly (*Is the Head of Household over 62 years of age?*): Yes No

9. Aging out youth (*Are you aging out of the state Foster Care system?*): Yes No

10. Veteran (*please check*) Yes No

*11. Accessibility: Does a member of your household require any of the following? (*If so please check yes and check below which accommodation(s) you need*) Yes No

- Wheelchair
- Handicapped accessible parking
- Grab bars and handrails
- No steps
- Few steps
- Hearing disability
- Modification for vision or hearing impairment
- Roll in shower
- Other: _____

Please explain:

*12. Are you currently living in a nursing home? Yes No

If yes: *Name of nursing home: _____ *Phone: _____



DEMOGRAPHIC INFORMATION

Household Information

List **all** persons who will be living in the unit and their relationship to the Head of Household. The applicant is listed already as ‘Head’. Complete the information in the chart for all members of the household (this can include unrelated people). **If the head of household is not the qualifying member, please specify each qualifying member by placing “QM” next to their first name.**

First Name	Last Name	Relation to Head	Birth Date	Age	Sex	Social Security #
		Head				

Do you or any household member require a live-in caretaker or live-in aide? Yes No

If yes, you **must** add an additional member to the chart above for it to count towards determining your household size. If you do not know the caretaker’s name, just write “caretaker.”

***Disability**

In order to help you access any needed supports it is helpful for us to know what type of disability the qualifying member has. Please check all that apply:

- Intellectual Disability (defined as a disability that occurred before the age of 22)
- Serious Mental Illness
 - With substance abuse
- Disability acquired after the age of 22 (e.g., physical disability, sensory disability, disability caused by chronic illness, disability caused by HIV/AIDS);
- Other: _____

***Do you or someone in your household receive any of the following services?**

- | | |
|---|--|
| <input type="checkbox"/> Louisiana Behavioral Health Partnership (MHR with CPST/PSR services) | <input type="checkbox"/> Children’s Choice Waiver |
| <input type="checkbox"/> New Opportunities Waiver (NOW) | <input type="checkbox"/> CAHBI Services |
| <input type="checkbox"/> Long Term Personal Care Services (LTPCS) | <input type="checkbox"/> Community Choices Waiver |
| <input type="checkbox"/> Supports Waiver | <input type="checkbox"/> Ryan White Services (must submit Ryan White letter) |
| <input type="checkbox"/> ATR Services | <input type="checkbox"/> Currently living in a nursing home |
| | <input type="checkbox"/> ACT Services (must submit letter from ACT provider) |



PERMANENT SUPPORTIVE HOUSING ELIGIBILITY

This portion of the form (pages 5 & 6) is **required** to determine your level of need for supportive services. If you have difficulty completing this portion independently, a family member or service professional, such as a social worker or doctor can assist you. If you have any questions, please call 1-844-698-9075.

Need for Housing Supports

Housing History:

Has the applicant:

1. Lived for a period of more than 90 days in an institution (public or private Intermediate Care Facility/Developmental Disability, nursing home, psychiatric hospital, other facility)?
 Yes No Approximate duration of institutionalization: _____
2. Lived at some point independently in his/her own apartment or home? Yes No
3. Ever been evicted? Yes No

Reason(s) for eviction (number of evictions and reason):

Housing needs: Rate the following support areas per the needs of the Applicant.

<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	1. Needs support to identify preferences related to housing (location, accommodations needed, feasibility of accessing other needed supports or activities)
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	2. Needs support to maintain housing, including assistance to access appropriate housing options; obtaining necessary documents and records to complete housing application or lease; obtaining/accessing sources of income necessary to pay rent, home management, establish credit; and understanding and meeting obligations of tenancy as defined in lease terms



<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	3. Needs assistance to communicate with the landlord or property manager regarding the Applicant’s disability, accommodations needed (wheelchair ramp, bath grab bars, etc.), needed repairs, or other unit concerns
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	4. Needs assistance to communicate with neighbors (For example, resolving disputes in a calm manner)
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	5. Needs assistance with household budgeting to ensure payment of rent and avoid utility disconnection
<input type="checkbox"/> Never	<input type="checkbox"/> Sometimes	<input type="checkbox"/> Often	6. Needs assistance keeping appointments and providing paperwork necessary to maintain access to income/benefits.

Does the applicant or member of the household have a substantial, long-term disability including but not limited to: serious mental illness; co-occurring disorder (mental illness and substance use disorder); intellectual disability; physical or sensory disability; or disability due to HIV/AIDS?

- Yes No

Does the applicant or member of the household need the supportive services provided by PSH in order to live in the community and not become evicted or homeless?

- Yes No

The above PSH Eligibility portion (pages 5 & 6) was completed by (check all that apply):

- Self (Applicant)
- Family Member of Applicant: _____
Name *Relationship to Applicant* *Contact Number*
- Service Professional: _____
Name *Credentials* *Contact Number*
- Other: _____
Name *Relationship to Applicant* *Contact Number*



INCOME ELIGIBILITY

*Do you have Very Low income (defined as 50% of Area Median Income)? Please refer to chart below.

Yes No

Parish	Household size annual income limits							
	1	2	3	4	5	6	7	8
Acadia	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
Allen	\$17,833	\$20,333	\$22,917	\$25,417	\$27,500	\$29,500	\$31,583	\$33,583
Ascension	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
Assumption	\$19,833	\$22,667	\$25,500	\$28,333	\$30,667	\$32,917	\$35,167	\$37,417
Beauregard	\$21,833	\$25,000	\$28,083	\$31,167	\$33,667	\$36,167	\$38,667	\$41,167
Calcasieu	\$20,500	\$23,417	\$26,333	\$29,250	\$31,667	\$34,000	\$36,333	\$38,667
Cameron	\$20,500	\$23,417	\$26,333	\$29,250	\$31,667	\$34,000	\$36,333	\$38,667
East Baton Rouge	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
East Feliciana	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
Evangeline	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
Iberia	\$18,500	\$21,167	\$23,833	\$26,417	\$28,583	\$30,667	\$32,833	\$34,917
Iberville	\$19,500	\$22,333	\$25,083	\$27,833	\$30,083	\$32,333	\$34,583	\$36,750
Jefferson	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Jefferson Davis	\$18,333	\$21,000	\$23,583	\$26,167	\$28,333	\$30,417	\$32,500	\$34,583
Lafayette	\$23,000	\$26,250	\$29,500	\$32,750	\$35,417	\$38,000	\$40,667	\$43,250
Lafourche	\$20,583	\$23,500	\$26,417	\$29,333	\$31,750	\$34,083	\$36,417	\$38,750
Livingston	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
Orleans	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Plaquemines	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Pointe Coupee	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
St. Bernard	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
St. Charles	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
St. Helena	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
St. James	\$22,500	\$25,667	\$28,917	\$32,083	\$34,667	\$37,250	\$39,833	\$42,417
St. John the Baptist	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
St. Landry	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
St. Martin	\$23,000	\$26,250	\$29,500	\$32,750	\$35,417	\$38,000	\$40,667	\$43,250
St. Mary	\$18,000	\$20,583	\$23,167	\$25,667	\$27,750	\$29,833	\$31,833	\$33,917
St. Tammany	\$22,167	\$25,333	\$28,500	\$31,667	\$34,250	\$36,750	\$39,333	\$41,833
Tangipahoa	\$19,250	\$22,000	\$24,750	\$27,500	\$29,750	\$31,917	\$34,167	\$36,333
Terrebonne	\$20,583	\$23,500	\$26,417	\$29,333	\$31,750	\$34,083	\$36,417	\$38,750
Vermilion	\$20,750	\$23,667	\$26,667	\$29,583	\$32,000	\$34,333	\$36,750	\$39,083
Washington	\$16,583	\$18,917	\$21,250	\$23,583	\$25,500	\$27,417	\$29,250	\$31,167
West Baton Rouge	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833
West Feliciana	\$23,750	\$27,167	\$30,583	\$33,917	\$36,667	\$39,417	\$42,083	\$44,833



Summary of Household Income and Asset Sources

Please put the **monthly** amount of income for yourself and other members of your household in the boxes as appropriate. Put “0” in each box where no income is received. Put “A” in each box where an application has been made for a specific benefit and is pending.

	Employment	Child Support	SSI	SSA	Pension Income	Public Assistance	Self-Employment	Other	TOTAL
Head									

Employment: For each job, please list place of employment.

Other: Please list any other types of income: _____

Assets:

1.) Do you own any real estate? Yes No

If yes, please provide the address: _____

2.) Have you disposed of any assets within the last two years? Yes No

If yes, describe the asset and the amount disposed of: _____

3.) Do you have a checking and/or savings account? Yes No

If yes, list name of financial institution and account number:

Name of Bank _____ Account # _____

List below your assets; include all bank accounts, stocks and bonds, trusts, real estate, etc.

DO NOT include clothing, furniture or cars. Use additional paper if necessary.

	Checking Account	Savings Account	Stocks, Bonds	Trust	IRA, Other Pension	Other
Head						



PREFERENCE

Depending upon your current housing circumstances, you may qualify for a preference under this program. Please review the housing situations described below and check the box that describes your personal situation. **To obtain preference points, documentation must be submitted to verify the following housing circumstances: *homelessness, chronic homelessness, untenable doubled up arrangement, and currently institutionalized.*** If you have any questions, please call 1-844-698-9075.

Hurricane Displacee:

Household living in the GO Zone at the time of the 2005 hurricanes whose housing situation was disrupted either directly by the physical effects of the disaster or by resulting socioeconomic impacts (e.g. rent increases). Households who were homeless and living in the GO Zone at the time of the 2005 hurricanes and whose living situation was disrupted by the effects of the disaster will also be regarded as displacees.

Homeless: Are you in one of the following situations? Check the one that applies:

- Living in a car, parks, sidewalks, abandoned buildings, on the street or similar;
- Living in an emergency shelter;
- Living previously on the street but are now living in a transitional housing program;
- Homeless but living for no more than 30 days in a hospital or other institution

Chronically Homeless:

An unaccompanied homeless individual with a disabling condition who has been homeless for a period of at least one year, OR an unaccompanied homeless individual with a disabling condition who has had at least four episodes of unaccompanied homelessness in the last three years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living in a place meant for human habitation.

At Risk of Homelessness or Living in Transitional Housing for the Homeless:

- Household is being evicted or foreclosed within 30 days from a private dwelling unit, no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain housing; **or** their housing has been condemned by housing officials and is no longer considered meant for human habitation;
- Household is fleeing a domestic violence housing situation, no subsequent residence has been identified, and the household lacks the resources and support networks needed to obtain housing;
- Household is in an untenable doubled up arrangement, **which will need to be verified.** A doubled up household is one in which applicant is residing temporarily with friends or extended family and who would otherwise be without a permanent residence of their own or would otherwise be in a publicly- or privately- funded family emergency shelter. Doubled up households do not have leases and are not tenants-at-will. Also if household is living in temporary housing situations such as in motels, hotels and FEMA trailers and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing.



- Household includes persons exiting mental health facilities, developmental disability facilities, nursing homes, residential addiction treatment programs or hospitals and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- Household includes youth aging out of foster care who qualify for PSH and no subsequent residence has been identified and the household lacks the resources and support networks needed to obtain housing;
- Household is living in McKinney-Vento transitional housing but did not originally come from emergency shelter or a place not meant for human habitation, and no subsequent residence has been identified and the household lacks the resources and supports networks needed to obtain housing;
- Household is being discharged within 30 days from an institution, such as a mental health or substance abuse treatment facility, in which applicant lived for more than 30 days;
- Household is being released from jail or a correctional facility within the next 30 days;
- Household is exiting a hospital but has been homeless within the past six months;

Currently Institutionalized: A household member currently lives in a nursing home, ICF-DD, psychiatric facility or other residential treatment facility because they have a disability but would prefer to live in the community.

Check the one that applies:

- Nursing home;
- Intermediate Care Facility/Developmental Disabilities (ICF/DD);
- Currently hospitalized in a psychiatric facility (or psychiatric unit of a general hospital) and have been for longer than fourteen days;
- Other licensed residential treatment facility;
- Currently incarcerated in jail or correctional facility for longer than 30 days;

At Risk of Institutionalization: A PSH applicant shall be considered at risk of institutionalization when faced with placement in a nursing home, Intermediate Care Facility/Developmental disabilities (ICF/DD), psychiatric hospital because, or having been incarcerated but released to a jail diversion program due to the following circumstances:

- Caregiver to member of household with a disability becomes unable or unwilling to continue providing care;
- Caregiver to member of household with a disability dies and no other caregiver is available;
- Caregiver to member of household with a disability becomes incapacitated due to physical or psychological reasons;
- Household's temporary housing arrangement becomes untenable;
- Household faces other family crisis with insufficient caregiver support available;
- Household's housing arrangement becomes untenable because of deterioration in a member's health or disability status impacts the member's ability to live independently;
- A household member has been arrested and has been accepted in a jail diversion program;
- A household member is hospitalized, qualifies for long term care or inpatient psychiatric treatment and without an alternative will be referred to a nursing home, psychiatric facility or ICF-DD facility.



PSH UNITS: WAITLIST PREFERENCE

*These are all of the available waiting lists in the PSH program. Please place a check next to each waiting list where you would consider living.

You must check at least one box below next to a waiting list that you would be interested in living in AND under a bedroom size that matches your household size.

Do not check any waiting lists where you would not consider living. Elderly only units are for tenants age 55 and up. Bedrooms size cannot be guaranteed.

Location		Unit Bedroom Size Needed					
		0 Bedroom	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom	5 Bedroom
Region I	Elderly Only (55+)	N/A			N/A	N/A	N/A
	Orleans SRO – 1 Occupant Only		N/A	N/A	N/A	N/A	N/A
Capital Area	Baton Rouge SRO – 1 Occupant Only		N/A	N/A	N/A	N/A	N/A
	Elderly Only (Capital) (55+)	N/A			N/A	N/A	N/A
Florida Parishes	Hammond Elderly Only (55+)	N/A			N/A	N/A	N/A
	Slidell Elderly Only (55+)	N/A			N/A	N/A	N/A
	Amite	N/A					
Region IV	Acadia, Rayne, and Crowley	N/A					
	Evangeline and Ville Platte	N/A					
	Iberia	N/A					
	Lafayette Parish	N/A					
	St. Landry, Eunice, Opelousas	N/A					
	St. Martin, St Martinville, Breaux Bridge	N/A					
	Vermillion	N/A					
Region V	Allen	N/A					
	Beauregard, DeRidder	N/A					
	Cameron	N/A					
	Jefferson Davis	N/A					
	Calcasieu Parish/Lake Charles	N/A					



COMMUNICATION

Do you have a case worker, support coordinator or other professional that we may contact to discuss the status of your application? If so, please list their name below. You will also be contacted by our office and asked to sign a separate consent form allowing us to contact this person.

Name: _____

Agency: _____

Phone or e-mail: _____

If you are **not** being referred by an agency or service provider, please provide us with the following information:

How did you hear about the Permanent Supportive Housing Program? _____

Where did you obtain the application?

CERTIFICATION

Privacy Act Statement: The information on this form is being collected on behalf of the Department of Housing and Urban Development (HUD) to help determine an applicant's eligibility. It will be used to provide the basis for managing the program covered by this form, for protecting the Government's financial interest and for verifying the accuracy of the information furnished.

Penalty for false or fraudulent statements: U.S.C. Title 18, Sec 1001, provides that "Whoever, in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme, or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes or uses any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Applicant(s) Statement: I understand that false statements or information are punishable under federal law.

**Applicant Signature*

**Date*



**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 the Office of Aging and Adult Services at 1-866-758-5035.

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 Office of Aging and Adult Services, 628 North 4th Street, 2nd Floor, P.O. Box 2031 (Bin 14), Baton Rouge, Louisiana 70821.

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.

Comments/Remarks (for official use only):

Revised 4/25/2017

ACADIA
568 NW Court Circle
Crowley, LA 70526-4363
(337) 788-8841

ALLEN
P. O. Box 150
Oberlin, LA 70655-0150
(225) 639-4966

ASCENSION
828 S. Irma Blvd., Rm. 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., Ste. 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., Ste. 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 St., Rm. 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., Ste. 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., Rm. 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 70546-5361
(337) 824-0834

LAFAYETTE
1010 Lafayette St., Ste. 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

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

ORLEANS
1300 Perdido St., Rm. 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., Flr. 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., Rm. 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., Ste. 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., Ste. 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., Rm. 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(Disability)

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.

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		LR-1 & 1M, FORM #100		OFFICIAL USE ONLY			
		Wd / Dist	Pct	Reg Type	In/Out	REG #	
1 Are you a citizen of the United States of America? YES <input type="radio"/> NO <input type="radio"/>		Will you be 18 years of age on or before election day? YES <input type="radio"/> NO <input type="radio"/>		If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.			
2 NAME OF APPLICANT (PLEASE PRINT NAME)				GIVE LOCATION			
LAST		FIRST		FULL MIDDLE OR MAIDEN			
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY)							
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					
4 DATE OF BIRTH		5 * SOCIAL SECURITY # (CIRCLE)		6 SEX (CIRCLE ONE)		7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)	
MONTH	DA Y R	NO YES #		MALE FEMAL		WHITE BLACK ASIAN HISPANIC AMER. INDIAN OTHER:	
8 PARTY AFFILIATION (CIRCLE ONE)			9 APPLICANT'S PLACE OF BIRTH			10 MOTHER'S MAIDEN NAME	
DEM GRN LBT RFM REP NO PARTY OTHER (SPECIFY)			CITY OR TOWN		PARISH OR COUNTY		STATE COUNTRY
11 **EMAIL			12 ** PHONE		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE)		14 Will you require assistance at the polls? (CIRCLE ONE)
			HOME () DAY ()		NO YES #		NO YES IF YES, GIVE REASON :
15 LAST RESIDENCE ADDRESS			16 PLACE OF LAST REGISTRATION			17 FORMER 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 \$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.							
18 SIGN YOUR NAME IN BOX AT RIGHT.							
DATE: / /							
19 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-1 & 1M (REV. 7/14) R.S. 18:104; FORM #100