

	Case Name:
	Case ID#:
	Worker:

Note: Please complete and return this form only if there has been a change in your household circumstances.

I understand that I am responsible for reporting all changes that could affect my eligibility for Child Care Assistance or the agency payment amount within 10 days of my knowledge of the change. Failure to timely report these changes could result in action by the agency. I understand that I must report if my child care provider moves in with me or if I move in with my provider or we begin sharing the same mailing address (with the exception of a post office box).

I must report the following changes within 10 days of the change:

- Household address has changed
- Any household composition changes (A child receiving child care benefits moves out of the home or is no longer in the child care provider’s care, etc.)
- My child care provider moves in with me or I move in with my provider or we begin sharing the same mailing address (with the exception of a post office box)
- Number of hours/day that my child(ren) attend child care has changed
- Change of child care providers
- Add or remove household designees
- Changes in gross monthly income which result in my household’s income exceeding the 85% state median income gross income limit for CCAP.
- A change or termination of employment, training, or education for any parent or adult household member

I am reporting the following changes (check all that apply):

- 1. I no longer need child care assistance.**
- 2. My household has moved.**

Date of Move:	Phone Number:	
New Mailing Address:	New Residential Address:	
City:	State:	Zip Code:

- 3. The composition of my household has changed.**

Enter information about each person who has moved in (including newborns) or out of your home.

Name	Birthdate	Social Security Number (Optional)	Moved In/Out	Date of Move	Care Needed
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No
					<input type="radio"/> Yes <input type="radio"/> No

Note: Social security numbers are not required for Child Care Assistance eligibility and eligibility cannot be denied for failure to provide social security numbers. If provided, social security numbers may be used to verify income and need for assistance or for data collection or statistical purposes.

4. My household shares the same mailing or residential address as my child care provider.

Date of Change :
New Mailing Address:
New Residential Address:
Phone Number:

5. The number of hours or days that my child(ren) attend child care has changed.

Child(ren) with a change in attendance at child care are:				
Name of Child (Last, First)	Birthdate	Total Hours Needed Each Week	Days Each Week	Date of Change
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
			<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	

6. My child needs summer care effective: Begin date: _____ End date: _____

7. I have changed child care providers for my child(ren).

8. I choose to remain at my current provider, effective date: _____

Child(ren) placed with a new or current provider:						
Name of Child (Last, First)	Birthdate	Provider Contact Information	Type of Care: (One per child)	Total Hours Needed Each Week	Days Each Week	Date Changed
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	
		Name: _____ Address: _____ Phone #: _____ TIPS Provider #: _____	<input type="radio"/> In Home <input type="radio"/> Provider's Home <input type="radio"/> Class A Center <input type="radio"/> Other		<input type="radio"/> M <input type="radio"/> T <input type="radio"/> W <input type="radio"/> Th <input type="radio"/> Fri	

9. Add/Remove Household Designee(s)

Name of Household Designee	Birthdate	Residential Address of Household Designee	Add/Remove (Circle below)	HD Relationship to Head of Household
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	
			<input type="radio"/> Add <input type="radio"/> Remove	

10. A member of my household is no longer working or attending an educational or training program.
(Termination letter must be attached)

Person who has stopped working or going to classes:
The last date worked or attended training classes:

11. A member of my household has changed jobs, started a new job, or had a change in earned income.
(Employment validation or new wage form(s) must be attached)

Persons with a change in job or earnings:					
Person Employed	Name and Address of Employer	Number of Hours per week	Gross Monthly Earned	How often Paid	Date Change

12. My total household income has exceeded the chart below for my household size.

2 PERSONS	3 PERSONS	4 PERSONS	5 PERSONS	6 PERSONS	7 PERSONS	8 PERSONS	9 PERSONS
\$2,403	\$2,884	\$3,433	\$3,983	\$4,532	\$4,635	\$4,738	\$4,841

13. A member of my household has begun receiving, is no longer receiving, or had a change in amount of one of these types of unearned income: Child Support, Alimony, Unemployment Benefits, SSI, Social Security, Veteran's Benefits, Retirement Benefits, Disability Benefits, or Adoption Subsidy. (Supporting documentation must be attached)

Person who receives (or received income)	Type of Income	No longer receiving	Begun/Continues Receiving	Amount Received	Effective Date of Receiving

14. Other (Explain): _____

I understand that adjustments may be made in my Child Care Assistance payments because of the above change(s) in my situation. I understand that I will be notified in writing by LDOE if the change(s) affect my eligibility or the payment amount made by the Child Care Assistance Program.

Signature:	Date:
Address:	Home Phone Number/Work Phone Number:

**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.

Signature or Mark	Name Typed or Printed	Date
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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.

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)
 HOUSE # & STREET (NO P.O. BOX): _____ UNIT/APT #: _____ **Give Location** (If Necessary)
 CITY/TOWN: _____ STATE LA ZIP CODE: _____

3. 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. _____ 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 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 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.