

## Application for Greater New Orleans Community Health Connection

No-cost health coverage for adults in the Greater New Orleans area

- Use this application to apply for the program called “Greater New Orleans Community Health Connection” (GNOCHC). You must reside in one of these parishes: Orleans, Jefferson, St. Bernard, or Plaquemines.
- Use only 1 application for each household.
- If you need extra space, use a separate sheet of paper.
- Use black ink.
- If you have questions, call us at **1-888-342-6207**.
- If you have questions and use a TTY text telephone, call us at **1-800-220-5404**.

**Where to send your application:**

- If you are at a clinic, give the completed application to a clinic worker.
- Fax the completed application to **1-866-861-6018**.
- Mail your completed application to: **Orleans Regional Medicaid  
P.O. Box 60840  
New Orleans, LA 70160**

What is the patient’s preferred language?  English  Vietnamese  Spanish  Other: \_\_\_\_\_

Section 1 Contact Information					
Mailing Address			Home Address (if different)		
P.O. Box or Street Address			<input type="checkbox"/> Check here if same as Home Address. If different, tell us below.		
Apt/Lot #		Street Address		Apt/Lot #	
City	State	Zip	City	State	Zip
Home Parish <input type="checkbox"/> Orleans <input type="checkbox"/> Jefferson <input type="checkbox"/> Plaquemines <input type="checkbox"/> St. Bernard <input type="checkbox"/> Other:					
Home Phone (     )		Cell Phone (     )		E-mail Address (if you have one)	

For Agency Use

AC Center _____	AC ID _____	AC Rep _____
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## Section 2 People living in your home

Tell us about you, your spouse and children under age 19.

	You	Spouse	Child 1	Child 2	
Relation to you	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Spouse	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	<input type="checkbox"/> Child <input type="checkbox"/> Step-child <input type="checkbox"/> Grandchild <input type="checkbox"/> Other:	
First name, Middle initial					
Last name (Suffix: Sr., Jr., etc.)					
Social Security Number					
Date of birth (month/day/year)					
Race (Optional—you may mark one or more)	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Alaska Native Tribe: _____ <input type="checkbox"/> Other: _____	
Is this person Hispanic or Latino? (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female				
Does this person want to apply for coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Does this person have health insurance?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
	Is the insurance through a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is insurance available through a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the insurance through a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is insurance available through a job? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the insurance through a job? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has health insurance ended for this person in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>A disability is a physical or mental impairment that lasts for at least one year or is expected to result in death.</b>					
Does this person have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>The answers you give about citizenship are kept private.</b>					
Is this person a U.S. citizen?	<input type="checkbox"/> Yes – Skip to Section 3 <input type="checkbox"/> No – Keep Going	<input type="checkbox"/> Yes – Skip to Section 3 <input type="checkbox"/> No – Keep Going	<input type="checkbox"/> Yes – Skip to Section 3 <input type="checkbox"/> No – Keep Going	<input type="checkbox"/> Yes – Skip to Section 3 <input type="checkbox"/> No – Keep Going	
Is this person a lawful permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
When was this person granted residency?					
Permanent Resident Card #					
Alien #	A	A	A	A	

### Section 3 Income from a job (Examples: cash, checks, tips)

Do parents or children in the home work?  Yes—Tell us about it below.  No—Skip to Section 4. Please list each job. Do not include income of grandparents or other non-parent caregivers.

Worker's Name	Employer Name & Phone Number	Is this person self-employed?	How much? (Gross income before taxes)	How often? (Weekly, every 2 weeks, twice a month, monthly)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

### Section 4 Other Income (Examples: Social Security, alimony, unemployment, workers' comp, child support)

Do parents or children in the home get income that is not from a job?

Yes—Tell us about it below.  No—Skip to Section 5.

If the income is child support, list the child as the person who gets it.

Who gets it?	From where?	How Much? (Gross income before taxes)	How Often? (Weekly, every 2 weeks, twice a month, monthly)
		\$	
		\$	
		\$	

### Section 5 Expenses

Tell us about expenses for parents and their children in your home.

Expense	Who pays for it?	How much each month?
Court ordered child support? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Court ordered alimony? <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Care for a child or for a person with a disability? Who gets care? _____ <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

### Section 6 Medical Expenses

Does anyone listed on this application have bills (paid or unpaid) for medical care they received in the past 3 months?  Yes - Tell us about it below.  No - Skip to Section 7.

Who received care?	Name and phone number of doctor, clinic, or other medical provider	What was the date of service?	Total Cost

## Section 7 Other

Is any applicant in the home pregnant?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who is pregnant? Expected Due Date:
Does any applicant have Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who has Medicare?
Has any applicant had Medicaid before?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who needs a new card?

## Section 8 Things you own

Only complete this section if someone applying is over age 65 or has a disability.

*A disability is a physical or mental impairment that lasts for at least 1 year or is expected to cause death.*

Things you own	Who owns it?	Bank Name or Description of Item	What is it worth?
Bank accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Certificates of Deposit (CD)? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Annuities, stocks, bonds, mutual funds, retirement accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Property other than your home (like inherited or vacation home)? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Life or burial insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Pre-need or money set aside for burial? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Vehicles (cars, trucks, boats, campers, motorcycles, ATV's)? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Safety deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
A trust? <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other? (please be specific) <input type="checkbox"/> Yes <input type="checkbox"/> No			\$

**This is the end of the application. Read and sign below.**

By signing this application I am giving my permission to the State of Louisiana and its agents to make contacts to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or someone has read to me the "Rights and Responsibilities" section of the application, including fraud penalties.

<b>Sign Here:</b>	<b>Date:</b>
<b>Spouse Signs Here (if applying):</b>	<b>Date:</b>

## Rights and Responsibilities

### What the Louisiana Department of Health and Hospitals (DHH) has the right to expect of you

Changes	You agree to tell DHH within 10 days of these changes: 1) if anyone getting medical care moves out of state; 2) if anyone moves in or out of the home; 3) if there are changes in your mailing or home address; or 4) if there are changes in health insurance and premiums or if anyone gets health insurance.
Reporting the truth	You state that answers you gave on this application are true and correct. If you purposely gave information that is not true or if you withheld information, you have committed fraud. If you commit fraud, you may have to pay back money that DHH pays for care that you receive.
Social Security numbers	You understand Social Security numbers will only be used to get information from other government agencies to see if you qualify for services.
Payment of medical care by a third party	By accepting medical care, you understand that DHH has the right to get money received by you from other sources like insurance payments or lawsuit settlements for care that DHH has paid for you.
Child Support Enforcement	You understand that DHH will only send case information to Child Support Enforcement for medical support if you ask them to. DHH will make a referral only if parents of children under age 19 get Medicaid. You can request that DHH not refer you to Child Support Enforcement if you feel you have good cause not to cooperate with Support Enforcement.

### What you have the right to expect from DHH

Your right to a fair hearing	You understand that you can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.
DHH cannot discriminate	You understand DHH cannot treat you differently because of race, color, sex, age, disability, religion, nationality, or political belief. If you think it has, you can call the U.S. DHHS Regional Office for Civil Rights in Dallas, TX at 1-800-368-1019 or write to Louisiana's Department of Health & Hospitals, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818.
Other services	You understand that information about WIC, KIDMED, and other programs may be sent to anyone who qualifies.

## Things we may ask for

Copies of all health insurance cards (front and back)
For non-U.S citizens: copies of Permanent Resident Cards or other forms from U.S. Citizenship and Immigration Services
For anyone who works: proof of income such as last month's pay stubs or a letter from the employer
For self-employment: copies of last year's tax return with all schedule attachments
For income that is not from a job (Examples: VA, worker's comp, unemployment, child support, alimony): proof of income like award letters or 1099 tax statements from last year's tax return
Letter from friend or relative who gives you money
Proof of payments made for care given to children or to anyone with a disability
Court order and proof of child support or alimony payments made to anyone outside the home
Proof of the value of things you own like bank statements, insurance policies, burial contracts, savings bonds, stock certificates, trust documents, or succession documents

**THIS PAGE IS OPTIONAL.**  
**You do not have to fill it out.**

If you fill it out, your answers will not affect the benefits you get from the  
*Louisiana Department of Health and Hospitals.*

**Voter Registration**

If you are not registered to vote where you live now, would you like to apply to register to vote here today?  Yes  No

**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.

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.

If you choose to register to vote at this time, the information about the location where you completed the application to register will remain confidential and will only be used for voter registration purposes. If you choose not to register to vote, that information will also be kept confidential.

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:

Louisiana Secretary of State  
Commissioner of Elections  
P.O. Box 94125  
Baton Rouge, LA 70804-9125  
Phone: (toll-free) 1-800-883-2805

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Sign Your Name

\_\_\_\_\_  
Today's Date

**ACADIA**

Courthouse - #115  
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

**AVOUELLES**

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. - #7  
Lake Charles, LA 70601-5250  
(337) 437-3572

**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 - Suite 1  
Homer, LA 71040-3914  
(318) 927-3332

**CONCORDIA**

4001 Carter St. - #4  
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  
Homer, 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

**LA FAYETTE**

1010 Lafayette - #313  
Lafayette, LA 70501-6885  
(337) 291-7140

**LAFOURCHE**

307 W. 4th St. - #101  
Thibodaux, LA 70301-3105  
(985) 447-3256

**LASALLE**

P. O. Box 2439  
Jena, LA 71342-2439  
(318) 992-2254

**LINCOLN**

100 W. Texas Ave.  
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  
Bastrop, LA 71220-3815  
(318) 281-1434

**NATCHITOCHE**

P. O. Box 677  
Natchitoches, LA 71458-0677  
(225) 357-2211

**ORLEANS**

1300 Perdido - #1W23  
New Orleans, LA 70112-2127  
(504) 658-8300

**OUACHITA**

122 St John St #114  
Monroe, LA 71201-7342  
(318) 327-1436

**PLAQUEMINES**

P. O. Box 989  
Port Sulphur, LA 70083-0989  
(504) 564-6957

**POINTE COUPEE**

211 E. Main St.  
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) 783-2731

**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**

Courthouse  
415 S. Martin St.  
St. Martinville, LA 70582-4549  
(337) 394-2204

**ST. MARY**

500 Main St. - #301  
Franklin, LA 70538-6144  
(337) 828-4100

**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**

P. O. Box 9189  
Houma, LA 70361-9189  
(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.  
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**

Courthouse - 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

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.

**Box 4:** Provide your age.

**Boxes 6 & 14:** You must provide your Louisiana driver's license 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 Louisiana driver's license 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 8, 12 & 13:** The items 'race/ethnic origin', 'home phone' and 'daytime phone' are not required but are helpful.

**Box 9:** If you do not complete this item, your party affiliation will be listed as 'none', 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 'none'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

**Box 18:** If you are using this form to request a change of name, you must print the name to be changed here.

**Box 19:** 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 TEAR ALONG PERFORATED LINE BEFORE MAILING.**

LOUISIANA MAIL VOTER REGISTRATION APPLICATION				OFFICIAL USE ONLY					
FORM # 04				COMP REG # _____ Reg Type _____ Wd / Dist _____ Pct _____ In _____ Out _____					
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/> 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 AGE		5 DATE OF BIRTH		6 * SOCIAL SECURITY # (CIRCLE ONE)		7 SEX (CIRCLE ONE)		8 ** RACE / ETHNIC ORIGIN (CIRCLE ONE)	
MONTH DAY YEAR		NO YES #		MALE FEMALE		WHITE BLACK ASIAN HISPANIC AMER. INDIAN		OTHER: _____	
9 PARTY AFFILIATION (CIRCLE ONE)				10 APPLICANT'S PLACE OF BIRTH				11 MOTHER'S MAIDEN NAME	
DEM GRN LBT RFM REP NONE OTHER (SPECIFY) _____				CITY OR TOWN		PARISH OR COUNTY		STATE COUNTRY	
12 ** HOME PHONE				13 ** DAYTIME PHONE		14 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE)		15 Will you require assistance at the polls? (CIRCLE ONE)	
( )				( )		NO YES #		NO YES IF YES, GIVE REASON :	
16 LAST RESIDENCE ADDRESS				17 PLACE OF LAST REGISTRATION				18 FORMER REGISTERED NAME, IF APPLICABLE	
ADDRESS				PARISH OR COUNTY		STATE			
<p><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 \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year (5 years for subsequent offense), or both. Any false statement may constitute perjury.</p>									
19 SIGN YOUR NAME IN BOX AT RIGHT.									
DATE: _____ / _____ / _____									
20 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE.									
WITNESS SIGNATURE:					WITNESS SIGNATURE:				
<p>* 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</p>									