The Arc of Louisiana

Achieve with us.
For people with intellectual and developmental disabilities

Affiliated Chapters of The Arc of Louisiana

The Arc of Acadiana
Arco – Monroe
The Arc Baton Rouge
Beauregard Arc
The Arc Caddo-Bossier
Donaldsonville Area Arc
The Arc of East Ascension
Arc of Greater New Orleans
The Arc of Iberville
Larc – Lafayette
The Arc of Morehouse
The Arc Rapides
The Arc of Sabine
Arc of St. Charles
St. James Arc
St. John Arc
The Arc of St. Martin
The Arc of St. Mary
TARC – Hammond
Terrebonne Arc
Westbank Arc

Thank you for your interest in State Personal Assistance Services (SPAS). Attached are your application documents. Once we receive the completed documents, we will determine if you are eligible to be placed on the waiting list.

1. **SPAS Application:** Please complete all 3 pages of the application. Sign and date page 3.

2. **Statement of Medical Status:** Please have this form completed and signed by your doctor.

3. **Income Determination:** Please complete this form, sign, and date it. Attach all verification documents (current taxes/SSA benefits award letter, etc.) so we can verify your income.

4. **Residency Affidavit:** Please complete, sign, and date the form.

5. **Self-Assessment for Self-Direction:** Please check the appropriate boxes then sign and date the bottom.

6. **Agreement of Understanding**: Please read over pages 1-3 and keep for your records. Sign and date page 4 and return to us.

7. **Voter Declaration/Registration:** Please complete the Voter Registration (optional) and the Voter Declaration (required) forms. If you are already registered/do not want to register, check off "I do not want to register to vote" on the Declaration Form then sign and date the form.

You may send this information to us by:
Mail: The Arc of Louisiana
600 Colonial Drive
Baton Rouge, LA 70806
Email: spas@thearcla.org
Fax: 225-383-1092

If you have any questions or need assistance, please do not hesitate to contact me. I can be reached at 225-383-1033.

Sincerely,

Whitney Ledet
SPAS Project Director

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS) Program

What is the SPAS program?

The State Personal Assistance Services (SPAS) program helps adults with significant disabilities to get out of bed, eat, bathe, get dressed, go to work, live in their own homes, and be fully participating members of their communities.

What services does the SPAS program provide?

Services may include, but are not limited to:

- Personal Assistance Services (Daily tasks such as bathing, dressing, grooming, eating,
- etc.)
- Assistive Technology
- Environmental Accessibility Adaptations (Home and Vehicle)
- Homemaker Services (Light housekeeping, laundry, etc.)
- Evaluations
- Medical
- Dental
- Utility and Rental Assistance (that are not covered by any other funding source)
- Durable Medical Equipment (Prosthetic devices, walkers, shower chairs, etc.)

Who qualifies for the SPAS program?

People who:

- Have significant disabilities;
- Are 18 years old or older;
- Need goods and/or personal assistance services from this program to prevent or remove the
- individual from inappropriate placement in an institutional setting or to enhance or maintain the
- individual's employability;
- Provide verification of the disability from the treating physician;
- Are capable of, or have a legal/personal representative capable of, self-direction. Although the
- participant is capable of self-directing they may choose a qualified provider agency for services; and
- Meet the requirement for economic need which is based on up to 650% of the 2017 U.S. HHS Federal
- Poverty Guidelines for a household income.

For more information about the SPAS Program or to apply for services, please call The ARC of Louisiana at 1-866-966-6260.

Reissued August 7, 2024
Replaces April 18, 2018 Issuance

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS) Application

Name (Last, First, MI):					
Telephone Number:		**Social Security #:**			
DOB:		**Age:**		**Sex:**	☐ Male ☐ Female
Marital Status:	☐ Single ☐ Married ☐ Widowed ☐ Divorced			**Race:**	
Home Address:					
Mailing Address (if different from above):					

List each disability/condition you have been diagnosed with:

Describe your disability and how it interferes with your daily activities:

What service(s) are you requesting?

Which activities of daily living do you require assistance with?

☐ Mobility in bed ☐ Transferring ☐ Locomotion/Ambulation ☐ Dressing ☐ Bathing ☐ Grooming
☐ Eating ☐ Toileting ☐ Personal Hygiene ☐ Meal Preparation ☐ Medication Administration
☐ Grocery Shopping ☐ Laundry ☐ Phone Use ☐ Transportation ☐ Managing Finances

Are you currently employed? ☐ Yes ☐ No

If you answered yes above, (check all that apply):
☐ Employed Part-Time ☐ Employed Full-Time
☐ Retired on Disability

If you answered no above, (check all that apply):
Are you seeking employment? ☐ Yes ☐ No
☐ Part-Time Work ☐ Full-Time Work

Please check all assistance/services you are currently receiving:

☐ SSI ☐ SSDI ☐ Veteran's Benefits ☐ Vocational Rehabilitation Services ☐ Medicaid
☐ Private Disability Insurance Benefits ☐ Private Medical Insurance ☐ Medicare ☐ CCW
☐ LT-PCS ☐ ADHC Waiver ☐ THSCI Trust Fund Program ☐ Supports Waiver ☐ NOW Waiver

List all people living in your household (continue on the back if have more than 4 people)**:**			
Name:	**Age:**	**Relationship:**	**Describe any disabilities** (if applicable)**:**

Name 2 people who do not live with you and will know your address is you move:		
Name:	**Address:**	**Telephone Number:**

NOTE: If your address or phone number changes before we contact you and you fail to notify us, every reasonable attempt will be made to contact you. If we cannot contact you, your name will be skipped and the next person on the waiting list will be contacted. I understand this statement.

Signature of Applicant:	
Date Signed:	

I hereby apply for services through the State Personal Assistance Services (SPAS). **I will voluntarily provide information relative to my disability/injury/accident and resources available to me.** Refusal to provide such information could affect my eligibility for services. I understand that such information will be held confidential and will be used only insofar as it affects my eligibility for the program and the delivery of services. Information will be released only with my authority and written consent or as otherwise authorized by the policy of the SPAS Program.

I understand that eligibility decisions will be made without regard to sex, race, creed, color or national origin. I further understand that eligibility decisions will be made without regard to disability unless, and only to the extent necessary, authorized by law to comply with Louisiana Legislature.

I certify that the information I have given is true, correct and complete to the best of my knowledge and that knowingly providing false or incorrect information is cause for immediate termination of benefits. I agree to notify the Arc of Louisiana or the program office within 30 calendar days if I have a change in my financial condition or my physical/mailing address(es). I understand that if I knowingly provide information which is incorrect, I may be required to reimburse, in whole or in part, the SPAS Program for funds provided to pay for the cost of certain services I have received.

**** Do not sign unless you understand the above three paragraphs ****

Signature of Applicant:	
Date of Application:	

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS)
Statement of Medical Status

The purpose of this form is to verify medical information reported by the patient for home and community-based services. Please return the completed form to the patient to be mailed with the application.

I. Patient Information								
Name:				**DOB:**		**Gender:**		
SSN:		**Medicaid #:**			**Medicare #:**			
Street Address:					**Phone #:**			
City:			**State:**			**Zip Code:**		

II. Medical Information (This section **MUST** be completed by the physician)	
Primary Diagnosis:	
Secondary Diagnosis:	

Check all that apply:

The patient has a loss of ☐ Sensory and/or ☐ Motor functions interfering with activities of daily living to the extent that the patient requires non-medical assistance with:

☐ Mobility in Bed ☐ Transfers ☐ Locomotion ☐ Dressing ☐ Eating ☐ Toileting ☐ Bathing

☐ Personal Hygiene ☐ Meal Preparation ☐ Housekeeping ☐ Managing Finances ☐ Phone Use

☐ Shopping ☐ Transportation

Physician's Name:		**Phone:**	
Address:			
Physician's Signature:			

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

***Verification documents MUST be attached for all income.**

State Personal Assistance Services (SPAS)
Income Determination

Name:	
Social Security Number:	

Earned Income* (Enter the amounts earned for the applicable line item below)	
Wages, salaries, tips	$
Self-employment, business and farm income after deduction of business expenses	$
Unearned Income* (Enter the amounts received for the applicable line item below)	
Interest (taxable and non-taxable)	$
Social Security (SSA) Income	$
Dividends	$
Taxable state income tax refunds and credits	$
Portion of scholarships, awards or fellowship grants used for living expenses	$
Alimony received	$
Capital or other gains	$
IRA distributions (taxable amount only)	$
Pensions and Annuities	$
Rental real estate income and royalties	$
Unemployment compensation	$
Other income if taxable (such as prizes, jury duty, etc.)	$
Total Income	
Total Earned Income	$
+ Total Unearned Income	$
= Total Income	$

Federal Poverty Guidelines for Basic Living Requirements (BLR) - 650% over FPG
(circle the appropriate family size)

Family Size	1	2	3	4	5	6	7	8
BLR	$101,725	$137,475	$173,225	$208,975	$244,725	$280,475	$316,225	$351,975

For family units that are more than 8 members, add $5,500 for each additional member

Does the income exceed the Basic Living Requirement?	☐ Yes ☐ No

I certify that the information on this form is correct and complete to the best of my knowledge.

_____ _____
Participant's Signature Date Signed

_____ _____
Verified By Signature Date Signed

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS)

Residency Affidavit

I, _____, am a **Resident** of Louisiana.

I certify that I, _____, presently live at

_____

Street Address City State Zip Code

and that I have lived at this address since _____.
Date

I, _____, further certify that the above information is true and accurate. Furthermore, I understand that **a false claim will subject me to immediate termination of services from the State Personal Assistance Services Program.**

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS)
Self-Assessment for Self-Direction

Self-direction means that you or your legal/personal representative will direct, supervise, hire and discharge your personal attendant and self-direct all goods and/or services needed.

Below is a list of self-direction employer responsibilities. Please review, and make a mark under either the "Yes" or "No" column to indicate your decision that you are either able or not able to fulfill each responsibility. Your assessor is available to assist you with this self-assessment as needed.

Employer Responsibilities	**Yes**	**No**
Recruiting, hiring, training, and managing your worker(s)		
Following non-discrimination policies		
Completing all employer-related paperwork and duties related to payroll		
Making sure that your worker completes the required documentation such as service logs and timesheets, and maintains the required, training certifications		
Providing your worker with guidance so they are able to meet your individual preferences		
If your worker will be transporting you in their own car, making certain that they provide proof of current automobile insurance		
Developing an agreeable work schedule with your worker		
Establishing a list of daily tasks that your worker will perform based on your plan of care (POC)		
Meeting all of your staffing needs by providing a workable, written backup plan that describes how your care will be provided if your worker(s) does not show up for work		
Developing a workable emergency evacuation plan in the event of a disaster		
Participating in all training required by the Office of Aging and Adult Services (OAAS) or its designee		
Following all rules and requirements pertaining to the State Personal Assistance Services (SPAS) program		
Negotiation an hourly pay rate for your worker that is not less than the legal minimum wage		
Being willing to fire your worker, if you are not satisfied with their performance		
Informing your assessor and the fiscal agent immediately if your worker is injured on the job or fired.		

_____ _____

Signature of Participant **Date Signed**

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS)
Agreement of Understanding

I. Eligibility

In order for an individual to be determined eligible for services, and individual must meet the following criteria:

- Is an individual with significant disabilities;
    - **Individual with Significant Disabilities** – an individual with loss of sensory or motor functions interfering with activities of daily living to the extent that the person requires assistance with non-medical personal care needs, domestic or cleaning needs, dressing and undressing, moving into and out of bed, transferring, ambulation, related services including but not limited to meal preparation, laundry, and grocery shopping, and/or other similar activities of daily living.
- Is aged 18 or older;
- Needs goods and/or personal assistance services from this program to prevent or remove the individual from inappropriate placement in an institutional setting or enhance or maintain the individual's employability.
- Provides verification of the disability from the treating physician;
- Is capable or has a legal/personal representative capable of self-direction. Although the participant is capable of self-directing they may choose a qualified provider agency for services; and
    - **Self-Directed** – the participant or legal/personal representative will direct, supervise, hire and discharge their personal care attendant and be able to self-direct all goods/services needed.
- Provides verification of income to show unique economic and social needs.

II. Program Guidelines/Procedures

- Funding is available for the service plan effective dates. There is no guarantee that funding will be available from year-to-year.
- Once you are admitted into the program, and individualized assessment will be conducted to determine the scope of services.
- You will participant in the development of the service plan. The service plan shall be initiated annually or more often, if indicated.

- All goods and/or services must be prior approved for the Arc of Louisiana before delivery of goods and/or services.
- As a participant in the SPAS program, you or your legal/responsible representative must be able to self-direct your goods and/or services. You may choose to hire your own personal assistance worker or go through a provider agency.
- If you choose to go through a provider agency, a list of providers in your area will be provided to you. You are responsible for choosing an agency from the list and informing the program staff of your choice.
- If you choose to hire your own provider, you are responsible for:
    - Determining the rate of pay and hours per week your worker will work;
    - Completing employee paperwork;
    - Training your worker;
    - Establishing a list of daily tasks;
    - Developing a backup plan to follow if your worker does not show up for work;
    - Firing your worker if you are not satisfied with their performance; and
    - Turning in time sheets and quarterly tax information within the guidelines established.
- If goods are needed, you will obtain needed goods. You are responsible for submitting receipts and/or invoices within the established guidelines.
- You must provide verification of your income annually.
- You must inform the Arc of Louisiana of any changes in address, phone number, income, and staff.

III. Confidentiality

All information given to your program manager is confidential and will be utilized only for your rehabilitation and will not otherwise be given to anyone without your consigned consent. The only exceptions are to the public assistance agencies or programs from which you requested services and programs providing services as authorized by SPAS, or as otherwise authorized pursuant to the policy of the SPAS program.

IV. Rights

You have the right to:

- A written notice if you are determined ineligible for services.

- Freedom from discrimination based on race, creed, color, age, religion, sex, national origin, disability, ethnicity or status with regard to public assistance.
- Participate with the program staff in the development and implementation of a service plan; and give informed written consent to the service plan and all amendments.
- Appeal any decision concerning denial, provision, delivery or change of service.
- Written notification of any changes to the program.

V. Responsibilities

Your responsibilities are to:

- Actively participate in the development of your service plan.
- Ask questions if you do not understand.
- Provide the program staff with accurate information.
- Inform the Arc of turnover in staff and to minimize, to the best of your ability, the turnover in staff.
- Ask for assistance and training if needed to ensure that you hire competent staff that fits your needs.

VI. Contact Information

Program Office:

The Arc of Louisiana
600 Colonial Dr.
Baton Rouge, LA 70806
Phone: (225) 383-1033
Fax: (225) 383-1092
www.thearcla.org

State Office:

Office of Aging and Adult Services (OAAS)
P.O. Box 2031, Bin #14
Baton Rouge, LA 70821
Phone: 1-888-891-9441

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

State Personal Assistance Services (SPAS)

Agreement of Understanding
Signature Page

Acknowledgements

By signing below, I agree to the following statements:

- I still meet the eligibility criteria of the SPAS program.
- All information on the Agreement of Understanding has been reviewed with me.
- I understand my rights and responsibilities and the program guidelines.
- A copy of the Agreement of Understanding has been given to me.

_____ _____

Signature of Individual/Representative **Date Signed**

_____ _____

Signature of Arc Staff **Date Signed**

LOUISIANA DEPARTMENT OF HEALTH
Aging and Adult Services

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):

Louisiana Voter Registration Application

(LA-VRA - Rev. 6/19) Reset

Print

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 checked **'No'** in response to either of these questions, do not complete this form. You are not eligible to vote at this time. **(Please see application instructions for information regarding eligibility to register prior to age 18.)**

Name — **2.**
LAST NAME: _____ FIRST NAME: _____
FULL MIDDLE OR MAIDEN NAME: _____ SUFFIX (Sr., Jr., II): _____

Residence Address (Where you live and claim homestead exemption, if any) — **3.**
HOUSE # & STREET (NO P.O. BOX): _____ UNIT/APT #: _____
CITY/TOWN: _____ STATE LA ZIP CODE: _____

Give Location (If Necessary)

Mailing Address (If different from Residence Address) — **3.**
☐ Check if no postal service at your residence address above and supply mailing address here.
HOUSE # & STREET/P.O. BOX: _____ UNIT/APT #: _____
CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

Date of Birth — **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.**
☐ DEMOCRAT ☐ GREEN ☐ INDEPENDENT ☐ LIBERTARIAN ☐ REPUBLICAN ☐ NO PARTY ☐ OTHER (Specify) _____

9. Place of Birth
CITY/TOWN: _____ STATE: _____
PARISH/COUNTY: _____ COUNTRY: _____

Mother's Maiden Name — **10.** _____

11. Email _____

12. Phone
Home: (____) ____ - ____
Other: (____) ____ - ____

LA DL/ID Card # — **13.** _____
☐ I do not have a LA DL/ID card.

14. Do you need assistance in voting? ☐ No ☐ Yes, Reason: _____

Last Residence Address — **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.

Applicant Signature: ☒ _____ Date: _____

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

*** If you do not have a LA driver's license or LA special ID, the last four digits of your social security number are required if you have one. Full SSN is preferred but optional.**

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.

OFFICIAL USE ONLY

☐ New Registration Updated Registration: ☐ Address Change ☐ Name Change ☐ Party Change ☐ Change to Assistance in Voting ☐ Other

REMARKS:

CIRCLE ONE:
PA MV RG SDA SS (Disability) Received by: _____ Date: _____

Louisiana Voter Registration Application
(LA-VRA - Rev. 6/19)

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 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: the gray section numbers on this page correspond to the gray 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 checked **'No'** in response to either of these questions, do not complete this 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."*

3. *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.

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.*

5. *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 or a LA DL or ID 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 you **must** attach 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 remains confidential and is only used for registration purposes.*

6. *Sex* - Check male or female *(for statistical purposes only).*

7. *Race* - Race/Ethnic origin is optional *(for statistical purposes only).*

8. *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 with which 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.

9. *Place of Birth* - Print the city/town, parish/county, state, and country of your birth place *(for statistical purposes only).*

10. *Mother's Maiden Name* - Print your mother's maiden name, which is her last name at her birth. If unknown, write "unknown."

11. *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.*

12. *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.*

13. *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.*

14. *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.

15. *Place of Last Residence* - Print the address (number, street, city, and state) of your prior residence, if different from residence address in section 3 or write "Same."

16. *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.*

17. *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.

18. *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.*

19. *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 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.

Louisiana Registrars of Voters Address Page
(Rev. 7/19)

QUESTIONS? - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

LOUISIANA REGISTRARS OF VOTERS OFFICE ADDRESSES

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., 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

EAST BATON ROUGE
222 St. Louis St., Rm. 201
Baton Rouge, LA 70802-5860
(225) 389-3940

EAST CARROLL
P.O. Box 708
Lake Providence, LA 71254-0708
(318) 559-2015

EAST 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
6560 Main St.
Winnsboro, LA 71295-2750
(318) 435-4489

GRANT
200 Main St., Courthouse Bldg.
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., #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., Rm. 1W23
New Orleans, LA 70112-2127
(504) 658-8300

OUACHITA
1650 Desiard St., Rm. 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., 2nd FL
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 Dr., 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
1811 W. Airline Hwy.
LaPlace, LA 70068-3344
(985) 359-0179

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., Courthouse, Rm. 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
900 Washington St., #105
Franklinton, LA 70438-1719
(985) 839-7850

WEBSTER
P.O. Box 674
Minden, LA 71058-0674
(318) 377-9272

WEST BATON ROUGE
P.O. Box 31
Port Allen, LA 70767-0031
(225) 336-2421

WEST CARROLL
P.O. Box 71
Oak Grove, LA 71263-0071
(318) 428-2381

WEST 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

SEAL HERE WITH TAPE

Fold 4

RET: _____

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Place

Stamp

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