

OFFICE USE ONLY	
Date Received	_____
Assigned to	_____
Is an EBT card needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Louisiana Department of Social Services
 Office of Family Support**

**Louisiana Combined Application Project
 Enrollment Form**

1. Tell Us About You				
First Name	Middle Initial	Last Name		
Mailing Address	Apt/Lot No.	City	State	Zip Code
Home Address (If different from mailing)	Apt/Lot No.	City	State	Zip Code
Social Security Number	Date of Birth	Parish of Residence		
<i>You can choose not to give Ethnicity and Racial information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.</i>				
2. Ethnicity: Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female				
4. Racial Heritage (check all that apply):				
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Native Hawaiian/Pacific Islander			
<input type="checkbox"/> Asian	<input type="checkbox"/> White			
<input type="checkbox"/> Black or African American				

5. Do you receive Supplemental Security Income (SSI)? Yes No

6. Do you live alone? Yes No
If no, do you buy and prepare meals separately from others in your home? Yes No

If you are certified for LaCAP, will you purchase and prepare meals separately from others? Yes No

Do you live with your spouse? Yes No

Do you live with your child who is under 22 years of age? Yes No

7. Phone number where you can be reached during the day. (_____) _____
 E-mail address, if available: _____

8. Do you currently receive Food Stamp benefits? Yes No

9. Do you need a new Louisiana Purchase Card? Yes No

10. Do you pay rent, mortgage, or any housing expenses other than utilities? Yes No
If yes, complete the following information about the housing expenses that you pay.

Type of Housing Expenses	Amount Paid	How Often Paid (Weekly, Monthly, Etc.)
Rent or Mortgage		
Property Tax (if not included in mortgage)		
Homeowners insurance (if not included in mortgage payment)		
Other Housing Expenses (other than utilities) - Please specify: _____		

11. Do you pay for heating and/or air conditioning? Yes No
12. Do you pay for utilities other than heating or air conditioning? Yes No
13. Do you pay telephone expenses? Yes No
14. You can name someone who can apply for or obtain information about your benefits. This person would be your Authorized Representative. You can name someone, but it is not required. Would you like to have an Authorized Representative? Yes No

If Yes, tell us about your Authorized Representative.

Name of Authorized Representative		Daytime Telephone Number	
Address	City	State	Zip Code

Read Carefully And Sign Below

I certify under penalty of perjury that the information I have given in this application is true, complete, and correct to the best of my knowledge. I understand that I will be subject to disqualification and prosecution and will be required to repay ineligible benefits if I knowingly give false, incorrect, or incomplete information in order to obtain or try to obtain food assistance. By signing this application, I give permission for the release of information to the Office of Family Support by any persons or agencies who have knowledge of my circumstances.

Your Signature (or mark)	Date Signed
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If you sign with an "X" mark, ask two people to witness the mark; if applicant is blind, ask three people to witness.

Witness	Witness	Witness
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Signature of Person Who Helped You Complete this Form and His or Her Relationship to You

Signature	Relationship
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