



Date: _____
 SSN: _____
 CID: _____
 Parish: _____
 Caseload #: _____

**LOUISIANA DEPARTMENT OF CHILDREN AND FAMILY SERVICES
 SIMPLIFIED REPORT**

Important: You must complete a Simplified Report online at www.dcfsl.a.gov/cafe or complete, sign, and return this form and all required proof by _____ or your Supplemental Nutrition Assistance Program (SNAP) and Cash Assistance case, if applicable, may be closed.

If You do not have a CAFÉ Account:

If you do not have a CAFÉ account already, you will need to set up your CAFÉ account by accessing the following link www.dcfsl.a.gov/cafe and following these steps:

1. Click the link that says, 'If you don't have an account already, click here to get started!'
2. Review the information on the screen and click 'Next'.
3. Click the 'Create Account' button to continue.
4. Complete Step 1: Your Personal Information.
5. Complete Step 2: User ID, Password, and PIN.

**** Write your account information down for your records and do not share it with anyone. ****

6. Complete Step 3: Security Check.
7. Complete Step 4: User Acceptance Agreement (be sure to check the box).
8. Click the 'Create Account' button to complete the process.
9. Set up your Security Questions and Answers (write them down) and then click Submit.
10. On the MyAccounts page, click 'My Simplified Reporting'.
11. Click 'Apply Now' and follow the prompts.

If You already have a CAFÉ Account:

If you already have an account, enter your User ID and password and click the LOGIN button to Sign-In which will take you to the MyAccounts page. On the MyAccounts page, click My Simplified Reporting which will allow you to submit a Simplified Report.

We will use this information to make sure that you are still eligible and are receiving the correct amount of benefits. Reported changes may result in a reduction or termination of benefits. You must report certain changes that have occurred since your last application. If you need help completing this form or for more information about programs and services or for specific information about your case, call 1-888-LAHELPU (1-888-524-3578).

SECTION 1 - Change in Address and Housing Expenses

1. Is the mailing address shown above correct? YES NO Have you moved? YES NO
 2. If you have moved or the address shown above is not correct, complete the information below:

Street or Rural Route _____ Apt. or Lot# _____ City and State _____ Zip Code _____

3. Mailing address if different from above: _____

4. Home Phone number (_____) _____ E-mail address _____

Other Phone Number: (_____) _____

Answer the following questions ONLY if you have moved and you have listed a new residential address.

If you have moved, you must report changes in your shelter costs. If you do not tell us about the expenses of your new home, you will not get a deduction for those expenses.

- Rent/Mortgage \$ _____ Electricity/Gas \$ _____ Telephone \$ _____
 Property Tax \$ _____ Home Owner/Flood Insurance \$ _____
 Condominium/HOA Fees \$ _____ Water/Sewage \$ _____

Does your household pay a utility bill for using heating or air conditioning in your new home?

- Yes No

SECTION 2 - Household Members - Below are the names of all people part of your SNAP case. Review the names and check "Yes" if they still live with you or "No" if they do not.

	Yes	No		Yes	No		Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

List all of the people living in the house below. (Attach a separate piece of paper if you need more room.)

Name	Date of Birth	Do you buy & prepare food separately?	SSN	Relationship To You	U.S. Citizen	Date Moved In
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			<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 3 - Earned Income. Attach proof if you answer yes to any of the questions below.
The gross monthly income (amount before taxes) being used to determine your benefits is listed below.**

Name	Employer Name	Monthly Earned Income	Hours Worked Per Week
<p>Has the amount of income from a job changed by more than \$100 per month for anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If Yes, for whom? _____ When? _____ What is the new amount? _____</p> <p>Has anyone started or stopped a job? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If Yes, who? _____ When? _____ New Employer _____ What is the new income amount? _____</p> <p>Has the number of hours worked changed to less than 20 hours per week? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If Yes, for whom? _____ When? _____</p>			

**SECTION 4 - Unearned Income. Attach proof if you answer yes to any of the questions below.
The unearned monthly income being used to determine your benefits is listed below.**

Name	Type of Unearned Income	Monthly Unearned Income
<p>Has the amount of income from unemployment, pensions, disability, Social Security, SSI, contributions, child support, or other sources changed by more than \$100 per month for anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If Yes, whose income changed? _____ Source _____ What is the new amount? _____</p> <p>Has anyone started or stopped receiving income from unemployment, pensions, disability, Social Security, SSI, contributions, child support, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable If Yes, who? _____ Source _____ What is the new amount? _____</p>		

SECTION 5 - Child Support Obligation - The total amount of child support expenses used to determine your benefit amount is \$ _____.

Has any household member had a change in his/her legal obligation to pay child support? Yes No

If yes, attach proof.

SECTION 6 - Resources - If the total amount of money that the members of your household have in cash, savings accounts, checking accounts, stocks, and bonds **increased to more than \$2250 (\$3500 for elderly or disabled households)**, enter the total amount here \$ _____.

SECTION 7 - Social Security Numbers

Social Security Numbers (SSNs) are used to collect information from sources other than the DCFS to check identity of household members, to prevent households from getting more benefits than they are entitled to, and to identify groups of cases that must be adjusted. SSNs are used in program reviews, audits, and computer matching with other agencies such as Louisiana Workforce Commission, Social Security Administration, and Internal Revenue Service. Collection of SSNs is authorized under the Food and Nutrition Act of 2008, (7 U.S.C. 2011-2036), as amended. Under the Privacy Act of 1974 (P.L. 93-579), SSNs may be released for various reasons directly connected to the administration of the Child Support Enforcement Program.

SECTION 8 – Non-Applicant Household Member

You will not have to provide Social Security Numbers for any household members who are not eligible because of immigration status and who are not asking for benefits.

You will not have to provide immigration status information or documents for any household members who are not eligible because of immigration status and who are not asking for benefits. If a member of your household does not wish to provide information about his/her citizenship or immigration status, he or she will not be eligible for benefits. Other family or household members may still receive benefits, if they are otherwise eligible. You can apply for and get benefits for eligible household members even if your household includes other members who are not eligible because of immigration status.

SECTION 9 – Penalty Warnings and Signature

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this form are correct and complete to the best of my knowledge and I agree to provide all documents to complete my simplified report.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to receive them, the first time I break the rules on purpose I will not be able to get food assistance for one year, the second time two years and after the third time I will not be able to receive food assistance again.

Client's Signature

Date

Signature of other person completing Form or Witness

Did you remember to:

- ❖ Answer all of the questions
- ❖ Sign and date your form
- ❖ Send required proof

How to submit the Simplified Report form to the Department of Children and Family Services (DCFS):

- By Mail:** DCFS/ES/Document Processing Center
P.O. Box 260031
Baton Rouge, LA 70826-9918
- By Fax:** (225)663-3164
- In Person:** Any DCFS Office

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs. The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

VOTER REGISTRATION

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 Department of Children and Family Services at 1-888-LAHELPU or 1-888-524-3578.

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 DCFS ES Document Processing Center at P.O. Box 260031, Baton Rouge, LA 70826-9918.

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.



Louisiana Voter Registration Application

(LA-VRA - Rev. 3/19)

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 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".*
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, 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.*
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 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 and 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 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.

WAGE VERIFICATION
To BE COMPLETED BY EMPLOYER IF CHECK STUBS ARE NOT AVAILABLE

Name of Employee _____ SSN _____

Name of Employer _____ Date Employment Started _____

Check how often employee is paid (i.e. Pay Period):

Weekly Every two weeks Twice monthly Once monthly

Is employee paid by Direct Deposit? Yes No If yes, at what bank or credit union? _____

If employment is new:

Number of hours expected to work **Per WEEK** _____ **Per PAY PERIOD** _____ Hourly rate of pay _____

Number of hours of overtime expected to work **Per WEEK** _____ **Per PAY PERIOD** _____

Hourly rate of overtime pay _____

If Tips are expected to be received, amount of Tips expected **Per WEEK** _____ **Per PAY PERIOD** _____

Complete chart below to show wages for the last 4 pay periods.

Pay Period Ending	Date Wages Received	Hours Worked	Hourly Pay Rate	Gross Pay	Tips Received

Are you aware of any other income this person may be receiving? Yes No

If yes, source and amount. _____

If employment terminated, give date and reason no longer employed. _____

_____ Date Signed _____ Employer's Signature _____ Employer's Phone Number

_____ Employer's Printed Name or Stamp