

# APPLICATION



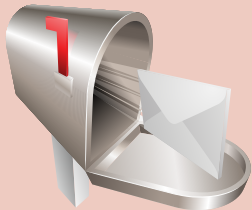
LOUISIANA  
DEPARTMENT OF  
HEALTH  
Medicaid

## 4 EASY WAYS TO APPLY



### ONLINE

[www.MyMedicaid.la.gov](http://www.MyMedicaid.la.gov)  
(recommended)



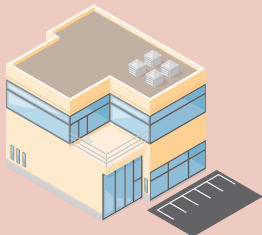
### MAIL

Medicaid  
Application Office  
P.O. Box 91278  
Baton Rouge, LA  
70821-9278



### PHONE

1-888-342-6207  
(toll-free)



### IN PERSON

Call 1-888-342-6207  
for the office closest  
to you.



*For help with Medicare Premiums,  
Co-pays, and Deductibles*

#### Monthly Income Limits (Effective 03/01/20)

	QMB	SLMB & QI	QDWI
Individual	\$1,064	\$1,436	\$2,127
Couple	\$1,437	\$1,940	\$2,874

QMB, SLMB and QI pay your Medicare part B premium. QMB also pays deductibles, co-insurance, and in some instances part A premiums. QDWI is limited to payment of Medicare part A for individuals who lost entitlement to Social Security disability benefits due to earnings exceeding the Substantial Gainful Activity limit.

#### QDWI Resource Limits (Effective 01/01/20)

	Limit Amount
Individual	\$4,000
Couple	\$6,000

Most of what you own counts as a resource except for your home, one vehicle and some life insurance and burial funds.

TTY Text Telephone  
1-800-220-5404

¿Necesita traductor  
de español? Llame al  
1-888-342-6207

Quý vị có cần thông dịch  
viên người Việt không?  
Nếu cần xin gọi số  
1-888-342-6207

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# APPLICATION FOR LOUISIANA'S MEDICARE SAVINGS PROGRAM

*For help with Medicare Premiums, Co-pays, and Deductibles*

- If you have Medicare, fill out this application to see if you qualify for the Medicare Savings Program.
- If you want to apply for someone who does not have Medicare, please complete the full **Application for Health Coverage**. To get an application, call 1-888-342-6207 or visit online [www.MyMedicaid.la.gov](http://www.MyMedicaid.la.gov).
- If you need extra space, use a separate sheet of paper or the space provided for you on page 5.
- If you have any questions, call 1-888-342-6207 from Monday–Friday to speak with a Medicaid representative. TTY Text Telephone users call 1-800-220-5404.
- Complete and mail this application to the **Medicaid Application Office, P.O. Box 91278 Baton Rouge, LA 70821-9278** or fax it to 1-877-523-2987.

What is your preferred language?  English  Spanish  Vietnamese  Other: \_\_\_\_\_

► Please **PRINT** clearly in black ink.

## 1 — Personal Information

First name	Middle initial	Last name	Suffix ( <i>Sr., Jr., etc.</i> )
Social Security number	Date of birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/separated	Are you Hispanic or Latino? ( <i>optional</i> ) <input type="checkbox"/> Yes <input type="checkbox"/> No		
Race ( <i>optional – you may mark one or more</i> )			
<input type="checkbox"/> White	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Chinese	<input type="checkbox"/> Korean	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Filipino	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Guamanian or Chamorro	<input type="checkbox"/> Samoan
<input type="checkbox"/> American Indian or Alaska Native – Tribe: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Islander	

## 2 — Contact Information

Mailing Address	Home Address ( <i>if different</i> )
P.O. box or street address	Street address
Apt/Lot #	Apt/Lot #
City	City
State	State
Zip	Zip
E-mail address ( <i>if you have one</i> )	Home parish ( <i>where you live</i> )
Home phone ( )	Cell phone ( )
	Other phone ( )

### 3 — Spouse's Information

Are you married and living with a spouse?  Yes  No (If **NO**, skip to section 4)

First name Middle initial Last name Suffix (*Sr., Jr., etc.*)

Social Security number Date of birth Sex  
 Male  Female

Is he/she Hispanic or Latino? (*optional*)  Yes  No  
 Race (*optional – you may mark one or more*)  
 White  Black  Asian  Native Hawaiian or Pacific Islander  
 American Indian or Alaska Native — Tribe: \_\_\_\_\_  Other

Does your spouse want to apply for the Medicare Savings Program?  Yes  No

### 4 — Medicare Information

	You	Your Spouse ( <i>if married</i> )
Medicare Claim Number		
Does this person have health insurance (other than Medicare) or a Medicare supplement?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 5 — Money from Jobs (*examples: cash, checks, tips, etc.*)

Does anyone in the home work?  Yes  No (If **NO**, skip to section 6)

	Job 1	Job 2	Job 3
Worker's name			
Employer name			
Employer phone number	( )	( )	( )
Is this person self-employed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
How much are they paid? ( <i>gross income before taxes</i> )	\$	\$	\$
How often paid? ( <i>weekly, biweekly, monthly, etc.</i> )			

### 6 — Other Money (*examples: Social Security, pension, worker's comp, etc.*)

Does anyone in the home get money from other sources?  Yes  No (If **NO**, skip to section 7)

	Source 1	Source 2	Source 3
Who receives the money?			
Where does it come from?			
How much are they paid? ( <i>gross income before taxes</i> )	\$	\$	\$
How often paid? ( <i>weekly, biweekly, monthly, etc.</i> )			

## 7 — Medical Expenses

Do you or your spouse have medical bills (paid or unpaid) for medical care received in the past 3 months?

Yes  No (If **NO**, skip to section 8)

	Expense 1	Expense 2	Expense 3
Who received care?			
Name of doctor, clinic, or other medical provider			
Phone number	( )	( )	( )
Dates of service			
Total cost	\$	\$	\$

## 8 — Things You Own

Do you have any of these?	Who owns it?	Describe it (include names of banks, insurance companies, etc.)	How much is it worth?
Checking accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Savings accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Direct express accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Vehicle (cars, trucks, boats, motorcycles, RVs, ATVs, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other vehicles <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Property other than where you live <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Certificates of Deposit (CD) <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Annuities, trusts, stocks, bonds, retirement accounts <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Life or burial insurance <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Money set aside for burial or pre-need contract <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Safe deposit box <input type="checkbox"/> Yes <input type="checkbox"/> No			\$
Other <input type="checkbox"/> Yes <input type="checkbox"/> No			\$

# YOUR RIGHTS AND RESPONSIBILITIES

- By signing and submitting this application, you state that you have permission from all of the people listed on the application to both submit their information to the Louisiana Department of Health (LDH), and receive any information about their eligibility and health coverage.
- You understand that LDH is authorized to gather the information requested in this application and any supporting documentation, including social security numbers, under the Patient Protection and Affordable Care Act (Public Law No. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (Public Law No. 111-152), and the Social Security Act.
- You understand that providing the requested information (including social security numbers) is voluntary. However, failing to provide it may delay or prevent you from getting health coverage through Medicaid or any other insurance affordability program.
- You understand that LDH will check the information you give us to make sure it is correct. You give LDH permission to contact any outside source(s) necessary to check this information, process your application, determine eligibility, and otherwise operate the Medicaid program. These outside sources may include:
  - Federal agencies (such as the Internal Revenue Service, Social Security Administration, and Department of Homeland Security), other state agencies, and/or local government agencies.
  - Banks, financial institutions, and consumer reporting agencies.
  - Employers identified on applications for eligibility determinations.
  - Doctors or other medical providers.
  - Applicants/enrollees, and authorized representatives of applicants/enrollees.
  - LDH contractors engaged to perform a function for the Medicaid program.
  - Anyone else as required or allowed by law.
- You give these outside sources permission to give LDH any information about you, or any person necessary for this application, that it may request. You understand that this permission will end when this application is denied, when your Medicaid eligibility ends, or when you submit a written statement to LDH canceling this permission, whichever comes first. A cancellation may prevent you from being found to be eligible for Medicaid.
- You understand the social security numbers will only be used to get information from these outside sources to verify income, make eligibility determinations, or for other purposes directly connected to the administration of the Medicaid program.
- You must tell Medicaid if anything changes or is different than what you've written on this application. Call 1-888-342-6207 to report any changes. You also understand that a change in your information could affect the eligibility for member(s) of your household. You agree to tell Medicaid within 10 days if any of the following change: mailing or home addresses, things you own, health insurance coverage or premiums, income, if anyone moves in or out of your home, or if anyone moves out of state.
- 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 Medicaid pays for care that you receive.
- You state that the information given in this application about your citizenship and immigration status is true and correct.
- By signing and submitting this application, you understand that if anyone on this application enrolls in Medicaid, you are giving LDH your rights to any money owed to you by any other health insurance, legal settlement, a spouse or parent, or other third party.
- You understand that Medicaid will only send case information to Child Support Enforcement for medical support if you ask them to. LDH will only make a referral if parents of children under age 19 receive Medicaid. You can request that Medicaid not refer you if you feel you have good cause not to cooperate with Child Support Enforcement.
- You understand that Estate Recovery rules require LDH to recover the cost of certain Medicaid payments from your estate in the event of your death. These costs include the total amount of payments for facility services, hospital care, waiver services, payments to Home and Community Based Services (HCBS) or Program for All-Inclusive Care for the Elderly (PACE) providers, and prescription drugs received at age 55 or older. LDH will not make a claim against the estate while you or your legal spouse is still living. LDH will also not make a claim if you have a dependent child who is under age 21, blind, or disabled. Collection may not be made if it is not cost effective for LDH to do so, or if your heirs apply for a hardship waiver after your death. A hardship may exist if the estate property is the only source of income for the heirs, if that income is limited, or if there are other extenuating circumstances.
- You agree that by accepting Medicaid, the State of Louisiana or its assignee will be named as the remainder beneficiary of all annuities purchased on or after Feb. 8, 2006 for the total amount of medical assistance paid on your behalf, unless you have a spouse, minor child, or a child with a disability. In these cases, the State of Louisiana must be named as beneficiary after these individuals. You agree to tell Medicaid about any annuity you and your spouse own or co-own regardless if the annuity is irrevocable (cannot be changed) or Medicaid counts it. You understand that you must tell Medicaid about changes made to any annuity which may affect when payments begin, the amount paid, frequency of payments, and additions to the principal.
- You can ask for a Fair Hearing if you think any decision made on the case is unfair, incorrect, or made too late.
- LDH 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 the Louisiana Department of Health, Human Resources at P. O. Box 4818, Baton Rouge, LA 70821-4818.

**After reading, please continue to the next page to complete your application.**



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**STATE OF LOUISIANA  
VOTER REGISTRATION AGENCIES  
DECLARATION FORM**

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)**

I want to register to vote.  I do not want to register to vote.

**IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.**

Applying to register or declining to register to vote **will not** affect the amount of assistance that you will be provided by this agency. Voter eligibility requirements are found on the voter registration application form.

Note: If you do register to vote, the location where your application was submitted will remain confidential. If you decline to register to vote, this fact will remain confidential. Applying to register or declining to register to vote will be used **only** for voter registration purposes.

**If you would like help in filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private. (Check one)**

Yes, I would like help.  No, I do not want help.

For assistance in completing the voter registration application form outside our office, contact Louisiana Department of Health and hospitals at 1-888-342-6207.

If completed outside our office, this declaration form and your completed voter registration application form (if you filled one out) should be returned to P.O. Box 91278 Baton Rouge, LA 70821-9278.

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Signature or Mark	Name Typed or Printed	Date
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Signatures of Two Witnesses If Signed With Mark:

1) \_\_\_\_\_ 2) \_\_\_\_\_

**COMPLAINTS**

If you believe that someone has interfered with your right to register or to decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the Louisiana Secretary of State, Commissioner of Elections, P.O. Box 94125, Baton Rouge, LA 70804-9125 or by calling (225) 922-0900 or 1-800-883-2805.

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**Comments/Remarks (for official use only):**

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# Louisiana Voter Registration Application

(LA-VRA - Rev. 6/19)

SEE THE OTHER SIDE OF THIS PAGE FOR INSTRUCTIONS →  
**QUESTIONS?** - Call your parish Registrar of Voters Office or call the Secretary of State at 1-800-883-2805 or (225) 922-0900.

OFFICIAL USE ONLY:      **WD:** \_\_\_\_\_ **PCT:** \_\_\_\_\_ **REG. TYPE:** \_\_\_\_\_ **IN/OUT:** \_\_\_\_\_ **REG #** \_\_\_\_\_

Please print clearly in ink, preferably black.

**Reason for Application:**    New Voter Registration    Updating Voter Registration

**Eligibility**

1. Are you a citizen of the United States of America?    Yes    No

Will you be 18 years of age on or before election day?    Yes    No

If you 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)

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) \_\_\_\_\_

**Place of Birth** 9. CITY/TOWN: \_\_\_\_\_ STATE: \_\_\_\_\_

PARISH/COUNTY: \_\_\_\_\_ COUNTRY: \_\_\_\_\_

**Mother's Maiden Name** 10. \_\_\_\_\_

**Email** 11. \_\_\_\_\_

**Phone** 12. Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**LA DL/ID Card #** 13. \_\_\_\_\_

I do not have a LA DL/ID card.

**Do you need assistance in voting?** 14.  No    Yes, Reason: \_\_\_\_\_

**Last Residence Address** 15. HOUSE # & STREET: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

**Place of Last Registration** 16. STATE: \_\_\_\_\_

PARISH/COUNTY: \_\_\_\_\_

**Former Registered Name, if any** 17. \_\_\_\_\_

**Affirmation and Signature** 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** 19. (If your signature is a mark, you must have two witnesses sign.)

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](http://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](http://www.geauxvote.com) and you may register online before the 20<sup>th</sup> day prior to the election. Please call your registrar of voters if you do not receive your voter information card two weeks after registering.