

Louisiana CAFÉ Application Summary

****Keep in mind that you do not need to mail this print-out to your local agency.****

Thank you for using Louisiana CAFÉ to apply for benefits/services.

Joshua Havena, your application has been submitted on February 11, 2024 at 05:23 P.M.

Your application date is February 12, 2024

Your application number is 9204374698.

In your application, you have asked for these benefits/services:

- Supplemental Nutrition Assistance Program (SNAP)

Applicant Information

Applicant Name	User ID	SSN
Joshua Michael Havena	Joshuahavens	***_**-8001
Date of Birth	Apply for Voter Registration	
08/09/1979	No	
Where You Live	Mailing Address	
5423 Crestwood rd Bastrop LA 71220	5423 Crestwood rd Bastrop LA 71220	
Home Phone	Cell Phone	Work or Other Phone
	318-605-5123	
Voter Registration		

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<p>If you are not registered to vote where you live now, would you like to apply to register to vote here today? (Check one)</p> <p>IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.</p> <p>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.</p> <p>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.</p>	<p>I do not want to register to vote.</p>
<p>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)</p> <p>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.</p> <p>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.</p>	
<p>COMPLAINTS</p> <p>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.</p>	

Household Member Information

Name	Relationship to Applicant	SSN	Date of Birth
Joshua 44	Self	***-**-8001	08/09/1979

Household Summary

Household's Total Earned Income Amount	Household's Total Unearned Income Amount	Household's Total Resources	Household's Total Expenses
\$0.00	\$0.00	\$0.00	\$0.00

Types of Proof

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As a next step, your worker may ask for proof of some of the things you told us in your renewal. This checklist will help you gather these items. If you can't find something, your worker may be able to help you get the proof you need.

Keep in mind that this list is based only on what you told us today. There may be other items that your worker will ask you to provide.

- Proof of Identity: Driver's license, work or school ID, ID for health benefits or another social services program, voter's registration card, check stub, or birth certificate
- Wages: Last 4 pay check stubs or employer's statement for each person who works
- Self-Employment: Income tax returns, sales records, quarterly tax records, personal wage record
- Other income such as contributions, child support, alimony, Social Security, SSI, VA, retirement checks, Unemployment Compensation (UCB): Award letters, court orders, statements from contributors
- Income that stopped within the last 3 months: Pink slip, termination notice, or statement from former employer, termination notice or statement from source of any income that ended
- Medical expenses: Receipts, pharmacy printouts for last 3 months, doctor bills or other papers that show medical expenses for household members who are disabled or over age 59
- Child support payments made to someone outside your home: Court order or other legal papers and proof that you are making payments such as cancelled checks or wage withholding statements

