

APPLICATION



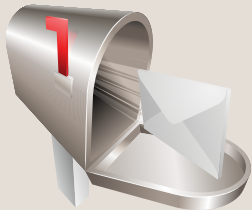
LOUISIANA
DEPARTMENT OF
HEALTH
Medicaid

4 EASY WAYS TO APPLY



ONLINE

www.medicaid.la.gov
(recommended)



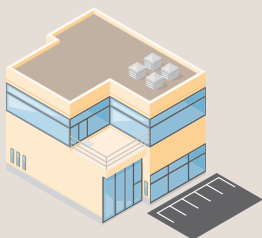
MAIL

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.

LBCHP

LOUISIANA BREAST & CERVICAL HEALTH PROGRAM

Medicaid Benefits for Women with Cancer Treatment Needs

All women must have an
LBCHP diagnostic screening
to apply. For more information or
to make an appointment,
call **1-888-599-1073** or visit
www.lbchp.org.

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

APPLICATION FOR LOUISIANA'S BREAST AND CERVICAL HEALTH PROGRAM

Medicaid Benefits for Women with Cancer Treatment Needs

- Fill out this application to see if you qualify for breast and/or cervical cancer coverage through Medicaid. This program is only for women diagnosed through the Louisiana Breast and Cervical Health Program and are found to need treatment for breast and/or cervical cancer, including precancerous conditions.
- 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 70821-9893** 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 checked="" type="checkbox"/> Female	
If Hispanic/Latino, ethnicity (<i>optional – you may mark one or more</i>) <input type="checkbox"/> Mexican <input type="checkbox"/> Mexican American <input type="checkbox"/> Chicano/a <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Cuban <input type="checkbox"/> Other: _____			
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"/> Samoan <input type="checkbox"/> Black or African American <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Other Pacific Islander <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> American Indian or Alaska Native – Tribe: _____ <input type="checkbox"/> Other: _____			

2 — Contact Information

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

3 — Citizenship

Are you a U.S. Citizen or U.S. National? Yes No

If **YES**, were you born in the U.S. or a U.S. territory? Yes No *(If NO, fill in your information below if it applies to you)*

Alien number

Certificate type

Certificate number

If **NO**, do you have eligible immigration status? Yes No *(If YES do, fill in your information below if it applies to you)*

Document type

Document expiration date

Alien, I-94, or SEVIS ID number

Card or Passport number

Have you lived in the U.S. since 1996?
 Yes No

Are you or your spouse or parent a veteran or an active-duty member of the U.S. military? Yes No

4 — Cancer Screening

Do you have proof of the your LBCHP screening and diagnosis? Yes No

If **YES**, please give us proof of the screening and findings. If **NO**, please contact the LBCHP at 1-888-599-1073 to obtain proof. (You do not have to wait for the proof to apply now.) **A LBCHP screening is required to be eligible for Medicaid coverage under this program.**

5 — Health Insurance *(other than Medicaid)*

Do you want help paying for medical bills (paid or unpaid) for medical care received in the past 3 months? Yes No

Do you have private health insurance? Yes No *(If YES, fill in your information below)*

Insurance company name

Insurance company address

Insurance company phone
()

Group/Policy number

Is treatment for breast/cervical cancer covered? Yes No

6 — Tax Information

Do you plan to file a federal income tax return **NEXT YEAR**? Yes No *(You can still apply for health insurance even if you don't file a federal income tax return.)*

Will you file jointly with a spouse? Yes No *(If YES, please name them below)*

Name of spouse

Will you claim any dependents (children/others you support) on your tax return? Yes No *(If YES, please name them below)*

List name(s) of dependents

Will you be claimed as a dependent on someone's tax return? Yes No *(If YES, fill in your information below)*

Name of the tax filer

Your relation to the tax filer

7 — Pregnancy

Are you currently pregnant?
 Yes No

When is the due date?

Are you expecting more than one baby?
(twins, triplets, etc.) Yes No

8 — Disability

Do you have a disability? Yes No (*A disability is a physical, mental, or emotional health condition that causes limitations in daily activities like bathing, dressing, chores, etc.*)

9 — Foster Care

Were you in foster care at age 18 or older? Yes No (*If YES, fill in your information below*)

In which state?	Were you on Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No	How old were you when you left foster care?
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10 — Money from Jobs (*examples: cash, checks, tips, etc.*)

Do you or your husband work? Yes No (*If NO, skip to section 11*)

	Job 1	Job 2	Job 3
Worker's name			
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
Employer name			
Employer address			
Employer phone number	()	()	()
How often paid? (<i>weekly, biweekly, monthly, etc.</i>)			
How much are they paid? (<i>gross income before taxes</i>)	\$	\$	\$

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

Do you or your husband get money from any other sources? Yes No

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

Read and sign below

By signing this application I am giving my permission to the State of Louisiana and its agents to verify the information given on this application. Under penalty of perjury, I certify that all information contained in this application, including U.S. citizenship or lawful immigrant status of all persons applying for benefits, is true and correct to the best of my knowledge. I have read or someone has read to me the "Rights and Responsibilities" section of the application (located on page 5), including fraud penalties.

Sign here:	Date:
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YOUR RIGHTS AND RESPONSIBILITIES

When you apply for assistance with the Louisiana Department of Health (LDH), you agree to the following:

- 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 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 LDH pays for care that you receive.
- You understand Social Security numbers will only be used to get information from other government agencies to see if you qualify for benefits.

Your Rights

- 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.

Use this space for any comments or information that you could not fit on your application.

**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.

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.

Comments/Remarks (for official use only):

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

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

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

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

GRANT
Courthouse
200 Main St.
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
(318) 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., Rm. 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

NATCHITOCHE
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., Ste. 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., Flr. 2
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., Rm. 107
Many, LA 71449-3099
(318) 256-3697

ST. BERNARD
8201 W. Judge Perez, 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
1801 W. Airline Hwy.
LaPlace, LA 70068-3344
(985) 652-9797

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

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

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

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

W. 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

OFFICIAL USE ONLY

Address Change

Name Change

Party Change

Remarks

Circle One: PA MV RG SDA SS(Disability)

Received by: _____

PLACE IN AN ENVELOPE AND MAIL TO YOUR
REGISTRAR OF VOTERS

USE THIS FORM TO: 1) register to vote 2) change your address 3) request a name change 4) change party affiliation

TO REGISTER TO VOTE AND BE ELIGIBLE TO VOTE YOU MUST: 1) be a United States citizen 2) be 17 years old (16 years old if registering to vote in person at the Registrar of Voters' Office or the Office of Motor Vehicles) but must be 18 years old to vote 3) not be under an order of imprisonment for conviction of a felony 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 FOR COMPLETING THIS FORM: All information except your signature should be printed clearly in ink, preferably black, or typed. Fill in all boxes that apply to you.

Box 1: Indicate whether you are a citizen of the United States of America. Indicate whether you will be 18 years of age on or before the election day in which you are eligible to vote.

Box 2: Provide full name. Do not use initials for middle or maiden name.

Box 3: 'Residence Address' means the address where you live and are registering to vote. If you claim a homestead exemption, you must list the address of that residence. Do not use a post office box for your 'Residence Address'. If you use a rural route and box number, draw a map in the space labeled 'Give Location.' Write in the names of the crossroads (streets) nearest to where you live. Draw an X to show where you live. Use a dot to show any schools, churches, stores or landmarks near where you live and write the name of the landmark. Check the box provided if mail is not delivered to your residence address by the post office. Complete 'Mailing Address' if it is different from the 'Residence Address' or if mail is not delivered to your residence address.

Boxes 5 & 13: You must provide your LA driver's license number or LA special identification card number, if issued. If not issued, you must provide at least the last four digits of your social security number, if issued. The full social security number may be provided on a voluntary basis. If neither a social security number nor a LA driver's license number or LA special identification card number has been issued, 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, attach either a) a copy of a current and valid photo identification or b) a copy of a current utility bill, bank statement, government check, paycheck, or other government document that shows your name and address.

Boxes 7, 11 & 12: The items 'race/ethnic origin', 'email' and 'phone' are not required but are helpful. Email is protected from disclosure by law.

Box 8: If you do not complete this item, your party affiliation will be listed as 'no party', unless you are presently registered with a party affiliation and no change is being made today. If you are not registering with a political party, circle 'no party'. The recognized political parties are Democrat, Green, Libertarian, Reform and Republican or you may specify any other party affiliation.

Box 17: If you are using this form to request a change of name, you must print the name to be changed here.

Box 18: Date and sign the card with your signature or mark.

If returned by mail, place in an envelope and mail to the appropriate registrar of voters at the address found on the reverse side of this card. If you have not been issued a social security number or Louisiana driver's license number, you must mail the required documentation with your application. Your application or envelope must be postmarked 30 days prior to the first election in which you seek to vote based on the residence listed on this application.

NOTE: 1. 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. 2. Your social security number will also remain confidential and is intended to be used for voter registration purposes only.

QUESTIONS? Call your Parish Registrar of Voters OR call the Department of State at 1-800-883-2805 or (225) 922-0900.

COMPLETE AND CHECK ALL APPLICABLE BOXES AND CUT HERE BEFORE MAILING.

LOUISIANA VOTER REGISTRATION APPLICATION			OFFICIAL USE ONLY				
LR-1 & 1M, FORM #100			Wd _____	Pct _____	Reg Type _____	In/Out _____	REG # _____
1 Are you a citizen of the United States of America? YES <input type="checkbox"/> NO <input type="checkbox"/> Will you be 18 years of age on or before election day? YES <input type="checkbox"/> NO <input type="checkbox"/> If you checked 'no' in response to either of these questions, DO NOT COMPLETE THIS FORM.							
2 NAME OF APPLICANT (PLEASE PRINT NAME) LAST _____ FIRST _____ FULL MIDDLE OR MAIDEN _____						GIVE LOCATION 	
3 RESIDENCE ADDRESS (MUST BE ADDRESS WHERE YOU CLAIM HOMESTEAD EXEMPTION, IF ANY) HOUSE OR APT. NO. & STREET (IF RURAL, ROUTE & BOX NO.) _____ CITY OR TOWN _____ STATE _____ ZIP _____							
If NO mail delivery to residential address, check here: () _____ MAILING ADDRESS, IF DIFFERENT _____							
4 DATE OF BIRTH MONTH _____ DAY _____ YEAR _____		5 * SOCIAL SECURITY # (CIRCLE ONE) NO _____ YES # _____		6 SEX (CIRCLE ONE) MALE _____ FEMALE _____		7 ** RACE / ETHNIC ORIGIN (CIRCLE ONE) WHITE _____ BLACK _____ ASIAN _____ HISPANIC _____ AMER. INDIAN _____ OTHER: _____	
8 PARTY AFFILIATION (CIRCLE ONE) DEM _____ GRN _____ LBT _____ RFM _____ REP _____ NO PARTY _____ OTHER (SPECIFY) _____			9 APPLICANT'S PLACE OF BIRTH CITY OR TOWN _____ PARISH OR COUNTY _____ STATE _____ COUNTRY _____			10 MOTHER'S MAIDEN NAME _____	
11 **EMAIL _____			12 ** PHONE HOME () _____ DAY () _____		13 LA DRIVER'S LICENSE / I.D. # (CIRCLE ONE) NO _____ YES # _____		14 Will you require assistance at the polls? (CIRCLE ONE) NO _____ YES _____ IF YES, GIVE REASON : _____
15 LAST RESIDENCE ADDRESS ADDRESS _____			16 PLACE OF LAST REGISTRATION PARISH OR COUNTY _____ STATE _____		17 FORMER REGISTERED NAME, IF APPLICABLE _____		
AFFIRMATION: 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 am not currently under an order of imprisonment for conviction of a felony, 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. Any false statement may constitute perjury.							
18 SIGN YOUR NAME IN BOX AT RIGHT. DATE: _____ / _____ / _____							
19 IF YOU ARE UNABLE TO SIGN YOUR NAME, TWO WITNESSES TO YOUR MARK MUST SIGN HERE. WITNESS SIGNATURE: _____ WITNESS SIGNATURE: _____							
* Last 4 digits of the social security number required if no LA driver's license issued; social security number is intended to be used for voter registration purposes only; full # OPTIONAL. ** OPTIONAL LR-1 & 1M (REV. 2/16) R.S. 18:104; FORM #100							