

## LOUISIANA DEPARTMENT OF HEALTH Decision Letter

HEATHER M LEBOUF  
6731 Louis XIV St  
New Orleans, LA 70124-3329

Case ID #: 6578153417292  
Date: 09/21/2023

Dear HEATHER M LEBOUF,

We made a decision on your Medicaid health care coverage.

Person(s)	What Do I Need to Know?	Effective Date
RORY P FORET	Your Medicaid is <b>approved</b> . See You Have Been Approved below.	11/01/2018
ALBA D FORET	Your Medicaid is <b>approved</b> . See You Have Been Approved below.	11/01/2018
NOAH J FORET	Your Medicaid is <b>approved</b> . See You Have Been Approved below.	11/01/2018
HEATHER M LEBOUF	Your Medicaid is <b>approved</b> . See You Have Been Approved below.	09/01/2023

### What does this mean?

- **Approved** – You qualify for coverage as of the Effective Date and we will pay for covered services that you receive.

You may check the status of all household members by visiting [MyMedicaid.la.gov](https://MyMedicaid.la.gov)

## You Have Been Approved

**HEATHER M LEBOUF** has been approved for Medicaid effective 09/01/2023.

**RORY P FORET, ALBA D FORET and NOAH J FORET** have been approved for Medicaid effective 11/01/2018.

**How to Report Changes**

**This section is about:** RORY P FORET, ALBA D FORET, HEATHER M LEBOUUEF and NOAH J FORET

- You must let us know if you move or change your phone number so we can let you know about important updates.
- You must report any changes in your situation within 10 days (like income changes, private health insurance changes, if someone moves in or out, and changes in jobs).
- You can report changes by:
  - Logging on to **www.healthy.la.gov** or
  - Calling us toll free at 1-888-342-6207

Policy Reference: MEM L-0000

By enrolling in Medicaid, you understand that you give Louisiana Medicaid the rights to any money owed to you by any other health insurance, legal settlement, spouse or parent, or other third party. Reference: La. R.S. 46:153E.

**If You Already Have a Medicaid Card**

**This section is about:** RORY P FORET, ALBA D FORET, HEATHER M LEBOUUEF and NOAH J FORET

Our records show that you already have a Medicaid card. If anyone listed does not have a card, please login to the self-service portal at MyMedicaid.la.gov or call 1-888-342-6207 to get another card.

**Pregnant Woman**

**This section is about:** HEATHER M LEBOUUEF

Pregnant women are eligible for a 12-month postpartum period. The 12-month postpartum period begins on the last day of a beneficiary's pregnancy and extends through last day of the month in which the 12-month period ends. After your baby is born the provider should send notification to Medicaid which will automatically enroll the newborn for Medicaid coverage. If you do not receive notification of approval from Medicaid for your newborn within 21 days after your baby is born, please contact Medicaid at 1-888-342-6207.

If you want to talk about this decision, please contact us by 10/02/2023.

Sincerely,  
Medicaid Analyst

Email: MyMedicaid@la.gov

Phone Number: 1-888-342-6207

Fax Number: 1-877-523-2987

**To Keep Your Information Up to Date:**



Text **'INFO'** to **'72147'** any time to update your contact information.

# YOUR FAIR HEARING RIGHTS

If you think we made a mistake on your case, you may ask for a Fair Hearing (sometimes called an Appeal).

If you want to request a Fair Hearing, you must do so by 10/21/2023.

If you have an emergency health issue, you can ask for a faster (expedited) fair hearing. We may ask you to give us proof of your emergency health issue.

## What will happen when you ask for a Fair Hearing?

- You will get a package with documents that we plan to use at your Fair Hearing.
- You have the right to:
  - Review your Medicaid record and any other information we plan to use at the Fair Hearing.
  - Attend the Fair Hearing.
  - Have anyone you choose attend the Fair Hearing with you.
  - Present evidence at the Fair Hearing and allow witnesses to speak.
  - Question any person who testifies against you.

## You can ask for a Fair Hearing by doing one of the following:

1. Complete an online appeal request form available at the Division of Administrative Law's website: <http://www.adminlaw.state.la.us>
  1. Click the **Forms** link
  2. Click the **Recipient Appeal Request** link.
  3. Complete the Recipient Appeal Request Form.
  4. Click **Submit**

**OR**

2. Complete and sign this page and mail it to:  
Division of Administrative Law - HH Section  
PO Box 4189  
Baton Rouge, LA 70821-4189

**OR**

3. Complete and sign this page and fax to:  
1-225-219-9823

**OR**

4. Call 1-225-342-5800

To request a Fair Hearing (sometimes called an Appeal) enter name of each person or check the box of those who are requesting a Fair Hearing. List below why you think our decision was incorrect, if you need more space to write attach additional sheets.

☐ Other \_\_\_\_\_

If you have an emergency health issue, and a delay will seriously jeopardize your life or health, you can ask for an expedited (faster) Fair Hearing. You may need to provide medical documents to support your request.

Do you have an emergency health issue that will seriously jeopardize your life or health to ask for an expedited (faster) Fair Hearing?

☐ No

☐ Yes, provide description of emergency health issue:

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List why you think our decision was incorrect (be sure to sign your Fair Hearing request):

Date:
Signature:
Applicant/Recipient/Representative:
Phone No:
Mailing Address:
Email Address:

- You may be able to get free legal help by calling the nearest legal assistance office.
  - For those living in these parishes: Acadia, Allen, Avoyelles, Beauregard, Bienville, Bossier, Caddo, Calcasieu, Caldwell, Cameron, Catahoula, Claiborne, Concordia, De Soto, East Carroll, Evangeline, Franklin, Grant, Iberia, Jackson, Jefferson Davis, La Salle, Lafayette, Lincoln, Madison, Morehouse, Natchitoches, Ouachita, Rapides, Red River, Richland, Sabine, St. Landry, St. Martin, St. Mary, Tensas, Union, Vermillion, Vernon, Webster, West Carroll, or Winn: Call 1 (800) 256-1175.
  - For those living in these parishes: Ascension, Assumption, East Baton Rouge, East Feliciana, Iberville, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Pointe Coupee, St. Bernard, St. Charles, St. Helena, St. James, St. Tammany, St. John the Baptist, Tangipahoa, Terrebonne, Washington, West Baton Rouge, or West Feliciana: Call 1 (877) 521-6242, extension 242 ([www.slls.org](http://www.slls.org)).

**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**

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):**





# 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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.)	
		Will you be 18 years of age on or before election day? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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)	3.	HOUSE # & STREET (NO P.O. BOX): _____		UNIT/APT #: _____	
		CITY/TOWN: _____ STATE: <u>LA</u> ZIP CODE: _____		<div>Give Location (If Necessary)</div> <div></div>	
Mailing Address (If different from Residence Address)		<input type="checkbox"/> 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 <input type="checkbox"/> M <input type="checkbox"/> F
Party Affiliation	8.	<input type="checkbox"/> DEMOCRAT <input type="checkbox"/> GREEN <input type="checkbox"/> INDEPENDENT <input type="checkbox"/> LIBERTARIAN <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> NO PARTY <input type="checkbox"/> OTHER (Specify): _____		9.	Place of Birth CITY/TOWN: _____ STATE: _____ PARISH/COUNTY: _____ COUNTRY: _____
Mother's Maiden Name	10.	11. Email _____		12.	Phone Home: (____) _____ - _____ Other: (____) _____ - _____
LA DL/ID Card #	13.	<input type="checkbox"/> I do not have a LA DL/ID card		14.	Do you need assistance in voting? <input type="checkbox"/> No <input type="checkbox"/> Yes, Reason: _____
Last Residence Address	15.	HOUSE # & STREET: _____ CITY: _____ STATE: _____		16.	Place of Last Registration STATE: _____ PARISH/COUNTY: _____
					17. Former Registered Name, if any _____
Affirmation and Signature (Read and sign or make your mark.)	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 (If your signature is a mark, you must have two witnesses sign.)	19.	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 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](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.