



## Checklist: Document(s) Needed For Approval

**NO ORIGINAL DOCUMENTS. RECENT COPIES ONLY.**

### **INCOME/FINANCIAL BENEFITS**

- Free/Reduced Lunch Letter Child's Name \_\_\_\_\_  Food Stamps  WIC  
 Pay Stubs (3 months of Stubs) Per person  Work Invoices  Unemployed since \_\_\_\_\_  
 HUD Housing Award Letter

### **MEDICAL INSURANCE BENEFITS**

- Copy of **Medical Insurance** Card  **No Insurance Benefits**  
 Counseling Benefits  Co-pay \$ \_\_\_\_\_  
 How many sessions through your insurance benefits? \_\_\_\_\_  
 ACCHS Ins. ID \_\_\_\_\_  
 Name of your child(ren) who have counseling benefits? \_\_\_\_\_

Please send your documents to [laloboyfoundation@gmail.com](mailto:laloboyfoundation@gmail.com). We look forward to assisting your family.

Thank you,

*Paolla Jordan*

Paolla Jordan, Founder/President