



PLAN of AZ

Planned Lifetime Assistance Network
Planning • Trust • Care

Source Document Checklist

Client: _____ DOB: _____

Make a check mark in the blanks below of all documents you send into PLAN.

Copies of all of the documents below are accepted *do not send in originals*:

1. Copy of SMI determination letter:_____
2. Copy of SSI/SSDI Award Letter:_____
3. Copy of DDD eligibility:_____
4. Copy of Insurance Cards (Medical & Dental):_____
5. Copy of Driver's License or State ID:_____
6. Copy of Social Security Card:_____
7. Copy of Birth Certificate:_____
8. Copy of all Bills to be paid(Rent, Utilities, Credit Cards):_____

When finished please send this checklist and forms to:

PLAN of Arizona
5025 E. Washington St., Suite 112
Phoenix, AZ 85034