

# Insurance Assistance Program Application

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to apply for the Insurance Assistance Program for children's health coverage on behalf of my child, [Child's Name], who was born on [Child's Date of Birth]. We are seeking comprehensive health coverage to ensure he/she has access to necessary medical services.

Due to [insert reason for financial need, e.g., change in employment, loss of health insurance, etc.], we find ourselves in a situation where we need assistance. We believe that this program will provide the necessary support to meet my child's health needs.

Attached to this letter, you will find the completed application form along with the required documents, including:

- Proof of income
- Child's birth certificate
- Proof of residency

Thank you for considering our application. We look forward to your prompt response.

Sincerely,

[Your Name]