



# STEPPING STONE FUND RECIPIENT APPLICATION

2026 Application window is April 27th- May 10.

The Heaven's Kitchen Stepping Stone Fund aims to fill a need by directly supporting individuals and families both financially and through community resources. Two recipients will be chosen annually to receive needed funds and resources to stabilize their current situation. While financial assistance will not be ongoing past the initial disbursement, the goal is to utilize the provided Support Plan to create a path for growth and success.

## St. Landry residents may request assistance from the Heaven's Kitchen for the following reasons:

- Financial hardship due to personal or family illness/injury, death in immediate family\* or loss of primary residence
- An instance that prevents or hinders you from reporting to work. Such as transportation or childcare. Impending eviction/foreclosure resulting in homelessness.

*\*Anything considered a severe life disruption.*

## The stated purpose of the Fund is to fill a need by directly supporting individuals and families both financially and through community resources. Normally, these needs are defined as, but are not limited to the following:

- Primary lodging - Mortgage or Rent
- Utilities - Electric, Natural Gas, Water
- Medical Expenses - Physical and Mental Health
- Transportation - to or from a place of employment or repair of primary vehicle
- Groceries - including diapers, baby formula, basic hygiene needs (soap, shampoo, paper towels, toothpaste, toothbrush, toilet paper, etc.)
- Basic clothing

## General Guidelines

The Fund is intended to act as a stepping stone, providing temporary help to financially support an individual or family experiencing crisis and to stabilize current financial strains. Assistance from the fund is intended to be a one time gift. The total gift amount will be dependent on the current financial state of the Fund.

The recipient chosen for assistance will also be provided with a Support Plan to assist in achievement of their goals. This assistance can include but is not limited to financial planning assistance, housing resources, physical and mental health referrals including health insurance counseling, food insecurity resources and child care resources. Recipients will also be made available a guide of resources for other needs. Those not selected will be notified via mail and email.

Those requesting help must be willing to give the Board of Directors permission to follow up on any of the information provided. The Board of Directors shall hold all matters in confidence. It is the sole decision of the recipient if they choose to publicly share that they are a recipient. The Board of Directors will in no way use the likeness or identifying remarks in marketing materials. The Board of Directors will be able to use the action plan and resources accessed in providing transparency about how the Stepping Stone Program has supported the recipient.

## Recipient Support Plan

Selected recipients will also be provided with a support plan. This plan will include identifying the goals of the recipient to stabilize their current situation and recommended resources and supports. It will provide a guide of what steps need to be taken in order to best prevent themselves from experiencing a similar type of crisis. The Board of Directors will assist the recipient in making appointments, connecting them to resources and following up within a designated time frame on set goals. Recipients are required to work through the goals of the support plan and provide outcomes to the Board on successes and road blocks.

## Review and Distribution

- Applications will be reviewed within two weeks or 14 business days by the Heaven's Kitchen Board of Directors.
- Each application will be "blinded" to ensure anonymity and confidentiality.
- The emergency for which an individual is seeking assistance should involve a situation that was unforeseen, temporary, and unlikely to reoccur in the next six months. Considerations may be made for other circumstances.
- Assistance is for the individual only and not for friends or relatives. This does not apply to dependents that will suffer because of the individual's financial crisis.
- Available community resources will be researched and suggested. A support plan will be provided and followed up on.
- Any amounts granted will be made out to establishments rendering services and NOT to the individual.
- A copy of a bill, invoice, or quote must be provided before funds are dispersed.
- Decisions are made by 51% or greater of the Heaven's Kitchen committee.
- Funds will only be distributed as money is available in the Heaven's Kitchen Fund.

## Application Submission

- One may obtain a "Stepping Stones Fund" application from our website ([heavenskitchenslp.com](http://heavenskitchenslp.com)) or a paper copy at various locations listed on [heavenskitchenslp.com](http://heavenskitchenslp.com).
- To maintain confidentiality, applications should only be submitted electronically or mailed to Heaven's Kitchen, 806 S. Union St. Opelousas, LA 70570 or delivered to Benny's Supermarket.
- If mailing or delivering the application, the application and all documentation should be mailed or delivered in a sealed envelope.
- Assistance may be requested directly by the individual in need or with assistance from a friend or family member on behalf of the individual in need.



# STEPPING STONE FUND RECIPIENT APPLICATION

All information on this application is confidential. The reviewing committee will not know your identity but only your situation. You must provide as much information as possible in order for the committee to make a decision. Complete EVERY section of this form in order for it to be reviewed by the committee. *Bills, quotes, or invoices are required before funds are dispersed.* Applications will not be considered without information regarding the direct payment. Funds are NOT distributed directly to individuals.

DATE OF APPLICATION SUBMISSION

/   /

## PERSONAL INFORMATION

Full Name

Address  City

State  Zip

Personal Phone #  Work Phone #

Have you ever applied to receive assistance from Heaven's Kitchen?  Yes  No If yes, were you approved?  Yes  No

## WHAT IS THE REASON YOU ARE APPLYING FOR ASSISTANCE?

Death of immediate family member. Please make a selection  Spouse  Parent  Child  Grandparent

Family Member's Name

Loss of primary residence  Personal illness/injury  Immediate family illness/injury

Loss of job by spouse/partner  Loss of transportation  Other catastrophic event

When did the hardship/event occur? (Date)

Explain event causing need for assistance. Provide as much detailed information as possible. This section is mandatory and required to make a decision.



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## WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? ...

<input type="checkbox"/> Electricity \$ _____	<input type="checkbox"/> Gas \$ _____	<input type="checkbox"/> Water \$ _____	<input type="checkbox"/> Food \$ _____	<input type="checkbox"/> Rent \$ _____
<input type="checkbox"/> Mortgage \$ _____	<input type="checkbox"/> Insurance \$ _____	<input type="checkbox"/> Medical \$ _____	<input type="checkbox"/> Funeral \$ _____	<input type="checkbox"/> Other \$ _____

Other: Explain

AMOUNT REQUESTING \$

Assistance from the fund is intended to be a one time gift.

## GENERAL INFORMATION ...

Marital Status  Single  Married  Divorced  Separated  Widowed  Other

How many dependents do you have?  Age(s):  Total # of individuals in household:

Work History  Full-Time  Part-Time  Self-Employed  Student  Unable  Other

Current/Most Recent Employer:  Job Title:  Dates of Employment (Month/Year - Month/Year):  Monthly income:

Previous Employer (if applicable):  Job Title:  Dates of Employment (Month/Year - Month/Year):  Monthly income:

Reason for leaving:  Other work history:

Does your spouse/partner work?  Yes  No His/Her monthly income:

Do you or any one in your household qualify for disability?  Yes  No If so, what is the total monthly award amount:

Are you currently out of work on Worker's Compensation?  Yes  No If so, as of what date were you unable to work:

Are you currently out of work on disability?  Short term  Longterm  No If so, as of what date were you unable to work:

Total Monthly Income:

Additional Funding:  Child support \$ \_\_\_\_\_  SNAP \$ \_\_\_\_\_  Childcare \$ \_\_\_\_\_  Section 8 \$ \_\_\_\_\_  Other \$ \_\_\_\_\_

Have you received assistance from any other organizations/agencies/churches?  Yes  No

If yes, how do you receive your benefits?  Check  Debit Card  
Please provide award letter, most recent bank statement, or an ATM receipt with application.

If yes, please list all assistance with dates and amount received:



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Do you have a bank account?  Yes  No

Do you have any money in savings/credit union?  Yes  No If so, how much?

Have you exhausted all other sources of potential income?  Yes  No

If not, please explain:

What are your options (or what are you going to do) if Heaven's Kitchen is unable to approve your request? What are your resources? Do you need assistance in identifying resources? Do you have a support network? Please provide as much information as possible.

I hereby certify that the information herein is complete, truthful, accurate and that said hardship is real. I also certify that the funds requested are for the emergency needs of myself or my dependents and that I have attempted, but was unsuccessful in obtaining these funds through other community or family resources. I attest to the accuracy/validity of this application. I further understand that a fraudulent application may result in disqualification of the current application, as well as future consideration. I understand that it is subject to verification by Heaven's Kitchen.

SIGNATURE

DATE

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**All applications will be reviewed and processed within 14 business days of receipt.**

Attach a copy of all bills with which you are requesting assistance. Documentation **MUST** be included with your application. **CHECKS ARE NOT MADE DIRECTLY TO INDIVIDUALS.**

The application will be reviewed by an anonymous Selection Committee. The Committee will provide a maximum of three recommendations to the Board of Directors. Applications submitted to the committee are blinded and do not show the name, address or any identifying information. The Committee may also contact utility companies, landlords, etc. to verify need.

FOR OFFICE USE ONLY

Approved Yes   No Sent to Committee  /  /

Amount Approved

Check(s) made payable to:

Additional Notes: