



Division of Family and  
Children Services



## Application for Benefits

Type of Expense (doctor visits, hospital visit, prescriptions, Medicare or health Insurance premiums, glasses)	Amount Owed	Still Owed? Yes/No	Date Paid	Will Insurance Pay? Yes/No
Hospital Visit	2,034	Yes	09/23/2021	No
Prescription	150	No	09/29/2021	No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Hospital Visit	2.9	38.00
Pharmacy Pick-up	1.3	12.45

Do you pay transportation expenses for a dependent child or disabled adult household member? Yes ☐ No ☒

Does anyone 60 years of age or older or disabled have medical expenses for transportation? Yes ☒ No ☐

Andre

First Name

C

Middle Initial

Jackson

Last Name