









## Application for Benefits PeachCare for Kids\*

Fi	rst Name	Middle Initial		Last Name
	mmer	D	_	Sanchez
Ele		cooling source? Mark all that apply conditioner Kerosene oil Wood_ ast 12 months? Yes □ No □ If yes, amour		
Hov	v much money do you and all household	d members have in cash or in the bank?	\$	
Tot	al <u><b>Gross earned income</b></u> that will be re	eceived for this month:	\$ <u>2,700</u>	
Are	you or any household member a migr	rant or seasonal farm worker?	☐ Yes	No