



Division of Family and
Children Services



Application for Benefits

Has anyone received any benefits in another county or state?

☐ Yes ☒ No

Where: _____

When: _____

Is anyone pregnant? *Please provide proof of pregnancy if available.

☐ Yes ☒ No

Due Date: _____

Expense	Amount	How Often?
Rent/Mortgage	420	monthly
Property Taxes		
Property Insurance		
Electricity	50	monthly
Gas		
Garbage		
Telephone	16.99	monthly
Other		

James

First Name

P

Middle Initial

Chang

Last Name