



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
Doctor	200	No	Dec 15 2021	Yes
Hospital	2500	Yes	—	No
Glasses	280	No	Nov 6 2021	No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Doctor	10	30
Hospital	10	35

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 ☒

First Name

James

Middle Initial

M

Last Name

Pike