



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: 03/05/2022

| Expense | Amount | How Often? |
|--------------------|--------|------------|
| Rent/Mortgage | 600 | Monthly |
| Property Taxes | | |
| Property Insurance | | |
| Electricity | 49 | monthly |
| Gas | | |
| Garbage | 30 | Monthly |
| Telephone | 30 | Monthly |
| Other | | |

Ana-Maria
First Name

B
Middle Initial

Gomez
Last Name