



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 VISITS	180	YES		YES

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

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 ☒

JONES
First Name

R
Middle Initial

SMITH
Last Name