



Division of Family and  
Children Services



## Application for Benefits

| Type of Expense<br>(doctor visits, hospital visit,<br>prescriptions, Medicare or<br>health Insurance premiums,<br>glasses) | Amount<br>Owed | Still<br>Owed?<br>Yes/No | Date Paid | Will<br>Insurance<br>Pay?<br>Yes/No |
|--|----------------|--------------------------|-----------|-------------------------------------|
| Doctor Visits  |                |                          |           | No                                  |
| Medicare   | 1,500          | Yes                      |           |                                     |
|  |                |                          |           |                                     |

| Purpose of the trip<br>(doctor or hospital visit; pharmacy pick-up) | Total miles driven: | Cost of taxi, bus, parking or<br>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 ☒

Joseph  
First Name

P  
Middle Initial

Pearce  
Last Name