



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
Prescription	255	Yes		No
Doctor Visit	100	No	09/45/2021	No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Pharmacy Pick-up	1.8	19.89
Doctor Visit	2.9	28.90

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 ☒

Joshua

First Name

M

Middle Initial

Rivers

Last Name