

Application for Benefits



Type of Expense (doctor visits, hospital visit, prescriptions, medication or health insurance premiums, glasses)	Amount Owed	Still Owed? Yes/No	Date Paid	Will Insurance Pay? Yes/No
Health Insurance	470	Yes	/	No
Medicare	320	Yes	/	No

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 ☒

Jhon
First Name

A
Middle Initial

Williams
Last Name