



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
Glasses	130.00	No	9-27-2021	

Purpose of the trip (doctor or hospital visit, pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Pharmacy pick up	23	47.00 ⁰⁰

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 ☒

George
First Name

Middle Initial

Reece
Last Name