



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
Medicare	3,800	Yes	08/29/2021	No
Glasses	230	No	09/05/2021	No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Hospita Visit	8.5	40

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 ☒

Roberto
First Name

J
Middle Initial

Garcia
Last Name