



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
Prescriptions	200	No	12/01/2022	Yes
Health Insurance Premiums	300	No	12/18/2022	No
Medicare	1687	Yes	12/13/2022	Yes

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Pharmacy Pick-up	3.1	20

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 ☐

Robert

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Dumfrey

First Name

Middle Initial

Last Name