



Division of Family and  
Children Services



PeachCare  
for Kids®

## Application for Benefits

Has anyone received any benefits in another county or state?

☐ Yes ☒ No

Where: \_\_\_\_\_

When: \_\_\_\_\_

Is anyone pregnant? \*Please provide proof of pregnancy if available.

☐ Yes ☒ No

Due Date: \_\_\_\_\_

Expense	Amount	How Often?
Rent/Mortgage		
Property Taxes		
Property Insurance		
Electricity	40	M
Gas		
Garbage	30	M
Telephone	25	M
Other		

Thomas

M

Foster

First Name

Middle Initial

Last Name