



Division of Family and
Children Services



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	500	Monthly
Property Taxes		
Property Insurance		
Electricity	40	Monthly
Gas		
Garbage	30	Monthly
Telephone	70	Monthly
Other		

Sebastian
First Name

Middle Initial

Rodriguez
Last Name