



Division of Family and
Children Services



PeachCare
for Kids

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	88	Yes		No
doctor visits	40	No	08/05/21	No

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

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 ☐

James

First Name

P

Middle Initial

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Last Name