



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
hospital visit	100	Yes	11-15-21	Yes
Prescriptions	900	No		Yes

Purpose of the trip (doctor or hospital visit, pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Doctor	15	30 v30

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 ☐

Wilson

First Name

Middle Initial

Withe

Last Name