



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
Doctor visits	400	No	10-21-21	
Health Insurance	240	Yes		No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
hospital visit	48	85

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 ☒

Johnny
First Name

K
Middle Initial

Franklyn
Last Name