



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	800	month
Property Taxes	100	month
Property Insurance	50	month
Electricity	80	month
Gas	100	month
Garbage	20	month
Telephone	50	month
Other		

First Name

James

Middle Initial

M

Last Name

Pike