



Division of Family and
Children Services



PeachCare
for Kids

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	0	
Property Taxes	0	
Property Insurance	0	
Electricity	0	
Gas	0	
Garbage	0	
Telephone	0	
Other	MIND YOUR BUSINESS	

First Name
EARLY

Middle Initial
C

Last Name
LUYLER