



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: 04/01/2022

Expense	Amount	How Often?
Rent/Mortgage	40	weekly
Property Taxes		
Property Insurance		
Electricity		
Gas		
Garbage		
Telephone	18	monthly
Other		

Sarah
First Name

Middle Initial

Li
Last Name