



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	700	monthly
Property Taxes		
Property Insurance		
Electricity	75	monthly
Gas	35	monthly
Garbage	15	weekly
Telephone	32	monthly
Other		

Johnny
First Name

k
Middle Initial

Franklyn
Last Name