



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
Hospital Visist	200	No	12/13/2021	No
Doctor Visit	150	Yes		No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Doctor Visit	3.7	20

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 ☐

Sasha

First Name

R

Middle Initial

Jameson

Last Name