



Division of Family and
Children Services



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
Pain Meds	50	NO	last week	
Surgery	3800	YES		No
Surgery	11,000	YES		No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Emergency Surgery	42	170

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 ☐

First Name

Carl

Middle Initial

F

Last Name

Butanandilewski