



Division of Family and  
Children Services



PeachCare  
for Kids®

## Application for Benefits

Are you or any household member a migrant or seasonal farm worker?

☐ Yes

☒ No

Total Gross earned income that will be received for this month:

\$ 2,300

How much money do you and all household members have in cash or in the bank? \$

What is your household's primary heating or cooling source? Mark all that apply

Electric ☒ Gas ☐ Window or central air conditioner ☐ Kerosene oil ☐ Wood ☐

Have you received energy assistance in the last 12 months? Yes ☐ No ☐ If yes, amount received \$

Mary

First Name

Middle Initial

Wayne

Last Name