



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
Contact Lenses	40	N	10/30/21	
Elective Surgery	3000	Y		Y

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Pharmacy trip x 2	14	6.50

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

Jill

Middle Initial

S

Last Name

Brennan