



Division of Family and
Children Services



PeachCare
for Kids®

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		
Property Taxes		
Property Insurance		
Electricity	60	
Gas		
Garbage	40	
Telephone	50	
Other		

Josephine

K

Jones

First Name

Middle Initial

Last Name