



Division of Family and  
Children Services



## 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	728	monthly
Property Taxes		
Property Insurance		
Electricity	86	monthly
Gas	23	weekly
Garbage	10	weekly
Telephone	58	monthly
Other	148	weekly

First Name

Middle Initial

Last Name