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

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

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 ☑

Mary	B	Wayne
First Name	Middle Initial	Last Name