



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: 02/15/2022

| Expense | Amount | How Often? |
|--------------------|--------|------------|
| Rent/Mortgage | 1,230 | Monthly |
| Property Taxes | 0 | |
| Property Insurance | 0 | |
| Electricity | 48 | Monthly |
| Gas | 0 | |
| Garbage | 35 | Monthly |
| Telephone | 60 | |
| Other | | |

Carlos

First Name

A

Middle Initial

Caridad

Last Name