



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
Medicare	1,450	Yes		No
Health Insurance Premiums	180	No	12/15/2021	No

Purpose of the trip (doctor or hospital visit; pharmacy pick-up)	Total miles driven:	Cost of taxi, bus, parking or lodging:
Doctor Visit	3.6	35
Pharmacy Pick up	0.7	0

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 ☒

Marcus

First Name

J

Middle Initial

Lukas

Last Name