JEWISH HOME

A beneficiary of Jewish Home & Senior Living Foundation and the San Francisco-based Jewish Community Federation.

302 Silver Avenue San Francisco, CA 94112 415.334.2500 jhsf.org

APPLICATION FOR ADMISSION

Please complete and return this application to:

MAIL:

Jewish Home
Long-Term Care Admissions
Attn: Angela Lomax
302 Silver Avenue
San Francisco, CA 94112

FAX:

415.651.9871

E-MAIL:

admissions@jhsf.org

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED

APPLICANT INFORMATION

NAME

PHONE

ADDRESS

E-MAIL ADDRESS

CITY

STATE

ZIP

Are you a U.S. citizen?
☐ Yes ☐ No

SOCIAL SECURITY NUMBER

BIRTH DATE

Are you a veteran?
☐ Yes ☐ No

RELIGION

LANGUAGES SPOKEN

EDUCATION LEVEL

FORMER OCCUPATION

FATHER'S NAME

MOTHER'S MAIDEN NAME

BIRTH PLACE

MARITAL STATUS

☐ Single ☐ Married ☐ Partnered ☐ Widowed ☐ Separated ☐ Divorced

NAME OF SPOUSE OR PARTNER

INSURANCE INFORMATION

Please submit copies of all health insurance cards and provide numbers below.

MEDICARE NUMBER

MEDI-CAL NUMBER

NAME OF MEDICARE PART D (PRESCRIPTION DRUG) PLAN

MEDICARE PART D NUMBER

NAME(S) OF OTHER HEALTH PLAN

OTHER HEALTH PLAN NUMBER(S)

PERSONAL PROFILE

Help us get to know you better. Please include personal history, activities and interests. This information will help serve you better.

HEALTH INFORMATION

Applicants pursuing admission to the Jewish Home will need to provide medical records from their doctor(s). Incomplete medical records will delay the admission process.

NAME OF PHYSICIAN

PHONE

FAX

E-MAIL

Have you been hospitalized in the past year? ☐ Yes ☐ No

If yes, please submit a copy ofthe discharge summary you received from the hospital.

REASON(S) FOR HOSPITALIZATION

Are you currently receiving nursing care at home? ☐ Yes ☐ No

If yes, please submit a copy of your home health care assessment.

TYPE OF ASSISTANCE NEEDED

HOURS PER WEEK

Have you received psychiatric treatment in the last two years? ☐ Yes ☐ No

If yes, please submit a copy of your latest psychiatric assesment.

REASON(S) FOR TREATMENT

INTERMENT

Have you made any *prepaid* funeral or burial arrangements? ☐ Yes ☐ No
If yes, please submit a copy of your funeral or burial arrangements.

NAME OF MORTUARY

PHONE

ADDRESS

CITY

STATE

ZIP

LEGAL ARRANGEMENTS

HAVE YOU MADE THE FOLLOWING LEGAL ARRANGEMENTS?

Please include relevant copies of these documents with your application.

Durable Power of Attorney – Healthcare: ☐ Yes ☐ No

NAME OF AGENT

PHONE

Durable Power of Attorney – Finance: ☐ Yes ☐ No

NAME OF AGENT

PHONE

Conservatorship of person: ☐ Yes ☐ No

NAME OF AGENT

PHONE

Conservatorship of estate: ☐ Yes ☐ No

NAME OF AGENT

PHONE

CHILDREN OR OTHER INTERESTED PARTIES

NAME

PHONE

ADDRESS

E-MAIL

CITY

STATE

ZIP

FAX

RELATION TO APPLICANT

NAME OF SPOUSE OR PARTNER

NAME

PHONE

ADDRESS

E-MAIL

CITY

STATE

ZIP

FAX

RELATION TO APPLICANT

NAME OF SPOUSE OR PARTNER

☐ If applicable, check here if using supplemental sheet for additional names.

FINANCIAL INFORMATION

Please provide income verification and financial records. Incomplete verification will delay the admissions process.

MONTHLY SOURCE OF INCOME

AMOUNT PER MONTH

Social Security benefits

BANK RECEIVING DIRECT DEPOSIT

Supplemental Social Security (SSI)

BANK RECEIVING DIRECT DEPOSIT

Pension benefits

NAME OF COMPANY

Any other income

SOURCE OF INCOME

TOTAL MONTHLY INCOME:

CURRENT BANK ACCOUNTS (SAVINGS AND CHECKING)

Please include recent bank statements with your application.

NAME OF BANK

TYPE OF ACCOUNT

ACCOUNT NUMBER

CURRENT BALANCE

NAME OF BANK

TYPE OF ACCOUNT

ACCOUNT NUMBER

CURRENT BALANCE

☐ If applicable, check here if using supplemental sheet to list additional accounts.

SECURITIES AND INVESTMENTS (STOCKS, BONDS, NOTES, RETIREMENT)

Do you hold any securities and/or investments? ☐ Yes ☐ No

Please provide the most recent brokerage statement.

TRUST

Do you have a Trust? ☐ Yes ☐ No If yes, is the Trust revocable? ☐ Yes ☐ No

Please include a copy of the Trust with your application.

SIGNATURE

The Jewish Home welcomes and admission is open to older adults of all faiths, ethnicities, and racial backgrounds.

The undersigned hereby applies for admission to the Jewish Home of San Francisco (herein referred to as the Home) and agrees, if admitted, to comply with all the rules, regulations and by-laws of the Home now in force, and such as may hereafter be adopted by its constituted authorities.

SIGNATURE OF APPLICANT OR DESIGNEE

DATE

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CONTACT INFORMATION FOR ADMISSIONS DEPARTMENT

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PLEASE KEEP THIS PAGE FOR YOUR RECORDS

DATE APPLICATION SUBMITTED ____________

APPLICATION FOR ADMISSION CHECKLIST

Before you submit your application, check that you have included the following information, as applicable:

- ☐ Completed Application for Admission (signed & dated)
- ☐ Complete Medical Records:
  - ☐ Most current history & physical (H&P)
  - ☐ If applicable, discharge summaries from hospital stay, skilled nursing, or home health agency within the past 6 months (including face sheets)
  - ☐ List of diagnoses, allergies, and medications with appropriate indication

COPIES OF YOUR IDENTIFICATION AND MEDICAL INSURANCE CARDS, AS APPLICABLE

- ☐ Photo identification card
- ☐ Social Security card
- ☐ Medi-Cal card
- ☐ Medicare card
- ☐ Medicare D card (prescription drug plan) (front & back)
- ☐ Supplemental or HMO medical insurance card (front & back)
- ☐ Passport and/or citizenship papers

COPIES OF FINANCIAL AND LEGAL DOCUMENTS, AS APPLICABLE

- ☐ Advance Healthcare Directive
- ☐ Power of Attorney for healthcare and finances
- ☐ Most recent bank statement(s)
- ☐ Most recent brokerage statement(s)
- ☐ Most recent pension statement(s)
- ☐ Most recent Medi-Cal Notice of Action
- ☐ Conservatorship papers
- ☐ Trust documents
- ☐ Mortuary documents
- ☐ Most recent Social Security explanation of benefits