

APPLICANT: This form must be completed by you and returned to the Admissions Center as soon as possible.
Thank you.



LOS ANGELES JEWISH HOME
RCFE INFORMATION FORM

Applicant name: _____ Maiden name: _____

Address: _____
(Street) (City) (Zip code)

Telephone number: (____) _____ Cellular number: (____) _____

I Live: (Check appropriate line)

- | | |
|--|--|
| <input type="checkbox"/> In a rented apartment | <input type="checkbox"/> With one of my children |
| <input type="checkbox"/> In my own home | <input type="checkbox"/> In a nursing home |
| <input type="checkbox"/> In a retirement hotel or
Board & care facility | <input type="checkbox"/> Other _____ |

How long have you resided at your present address? _____

If less than 2 Years, Previous location: _____ How long: _____

Date of birth: _____ Place of birth: _____
(Month/Day/Year) (City/State/Country)

U.S. Citizen: Yes No Citizenship # _____ Alien Reg # _____

Date Arrived: In the U.S.: _____ In Calif: _____ In Los Angeles: _____

Former Occupation: _____

Marital Status: (Circle One) Single Married Divorced Widow(er)

Name of spouse: _____

Address of spouse: _____

Spouse's former occupation: _____

Date married: _____ Place: _____

If divorced or if spouse deceased: Date: _____ Place: _____

Name of previous spouse: _____

Divorced _____ Deceased _____ Date: _____ Place: _____

Father's Name: _____ Birthplace: _____

Mother's Maiden Name: _____ Birthplace: _____

CHILDREN AND/OR SIGNIFICANT FAMILY MEMBERS OR FRIENDS:

Please list relatives, including children, *adult grandchildren*, nieces, nephews, and first cousins. The information you give is only for the Jewish Home and will not be given to any outside organization.

Number of sons ____ Daughters ____

1.

Name	Relationship to Applicant	Date of Birth
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Home address	City	Zip Code	Home Phone #
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E-Mail Address	Cell Phone #
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Occupation	Business Name	Business Address	Business Phone #
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Spouse's Name	Spouse's Age	Spouse's Occupation
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2.

Name	Relationship to Applicant	Date of Birth
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Home address	City	Zip Code	Home Phone #
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E-Mail Address	Cell Phone #
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Occupation	Business Name	Business Address	Business Phone #
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Spouse's Name	Spouse's Age	Spouse's Occupation
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3.

Name	Relationship to Applicant	Date of Birth
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Home address	City	Zip Code	Home Phone #
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E-Mail Address	Cell Phone #
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Occupation	Business Name	Business Address	Business Phone #
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Spouse's Name	Spouse's Age	Spouse's Occupation
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4.

Name	Relationship to Applicant	Date of Birth
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Home address	City	Zip Code	Home Phone #
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E-Mail Address	Cell Phone #
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Occupation	Business Name	Business Address	Business Phone #
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Spouse's Name	Spouse's Age	Spouse's Occupation
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5.

Name	Relationship to Applicant	Date of Birth
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Home address	City	Zip Code	Home Phone #
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E-Mail Address	Cell Phone #
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Occupation	Business Name	Business Address	Business Phone #
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Spouse's Name	Spouse's Age	Spouse's Occupation
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6.

Name	Relationship to Applicant	Date of Birth
------	---------------------------	---------------

Home address	City	Zip Code	Home Phone #
--------------	------	----------	--------------

E-Mail Address	Cell Phone #
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Occupation	Business Name	Business Address	Business Phone #
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Spouse's Name	Spouse's Age	Spouse's Occupation
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PERSON TO CONTACT: _____
Name Phone #

Have you designated an Attorney-in-Fact on a Durable Power of Attorney for Health Care?

Yes _____ No _____

Name of Attorney, Trustee or Attorney-in-Fact for Property or Money Management (if any):

Name	Address	Phone #
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Do you use a Walker? Yes ___ No ___

Do you use a Wheelchair? Yes ___ No ___

If yes, is the wheelchair electric? Yes ___ No ___

Are you on a Special Diet? _____

What are your interests and activities? _____

What organizations or groups are you currently active in? _____

What organizations or groups have you been active in? _____

Do you have friends or relatives now living at the Jewish Home?

Yes ___ No ___ Who? _____

How were you referred to the Jewish Home? _____

Do you have a Medicare Supplemental Health Insurance Policy?

Yes ___ No ___ Company Name: _____

Policy #: _____ Subscriber #: _____

Do you belong to a Health Maintenance Organization (HMO):

Yes ___ No ___ Company Name: _____

Policy # _____ Subscriber # _____

Social Security Number: _____

Medicare Number: _____

SSI/Medi-Cal Number: _____

CONFIDENTIAL FINANCIAL INFORMATION

MONTHLY INCOME

	<u>Amount</u>	<u>Direct Deposit To Bank</u>	<u>Account No.</u>
Social Security:	_____	Yes ___ No ___	_____
Supplemental Government Income:	_____	Yes ___ No ___	_____
Support from Children:	_____	Yes ___ No ___	_____
Restitution:	_____	Yes ___ No ___	_____
Other:	_____	Yes ___ No ___	_____

Pension: _____

Company Name	Amount
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ASSETS/NET WORTH

	<u>Name of Bank and Branch</u>	<u>Account Number</u>	<u>Amount on Last Statement</u>
Checking Account:	_____	_____	_____
Savings Account:	_____	_____	_____
Savings Account:	_____	_____	_____

	<u>Description</u>	<u>Estimated Value</u>
Property:	_____	_____
Stocks:	_____	_____
Bonds:	_____	_____
Trusts:	_____	_____
Automobile:	_____	_____
Life Insurance Policy:	_____	_____
	Company	Policy #

Have you given away, transferred or given gifts of any property, money, stocks, bonds or other assets, to anyone during the past three years?

Yes _____ No _____

Have your Funeral and Cemetery Arrangements been made? Yes _____ No _____

Name of Cemetery: _____ Paid For: Yes _____ No _____

Name of Mortuary: _____ Paid For: Yes _____ No _____

How much is your current monthly rent? _____

Do you live in HUD Housing? Yes _____ No _____

Please list any debts or monies owed: _____

Credit Card: _____	_____
Company's Name	Balance Owed

Monthly how much do you spend? (Average): _____

Applicant's signature

Date

Signature of person assisting applicant if applicant cannot sign

Date

Please include copies of any of the following documents that you have:

- [] Citizenship Papers, or a Birth Certificate, or Passport
- [] Medicare Card & Social Security Card
- [] Medi-Cal Card or Notice of Action letter
- [] Supplemental Insurance or HMO/PPO Card (front and back)
- [] All Mortuary (service) and Burial (property) Contracts
- [] Any other legal documents you may possess (i.e., Durable Power of Attorney for Health Care, Durable Power of Attorney for Financial, Family Trust documents, etc.)

Please complete form and mail back to:

Los Angeles Jewish Home
Attn: Admission Department
7150 Tampa Ave
Reseda, CA 91335

***Please Note:**

Additional documents will be required prior to admission.