

Process to Apply for Charity Care

Jewish Home and Rehab Center is dedicated to providing quality health care to our patients. We realize that payment of those services may be a financial hardship for you at this time. Jewish Home and Rehab Center offers Financial Assistance to aid those that may qualify to reduce or eliminate their cost of care obligation.

Attached with this letter, you will find an application to enable an evaluation of your financial hardship. You must complete the application in order to be considered for the financial assistance program. If your financial situation meets the eligibility criteria set forth by the Charity Care Financial Assistance Program, you may be eligible for full or partial financial assistance.

In order to process this application, we require:

- The enclosed application completed in its entirety.
- You must sign and date the Financial Assistance Application. If the patient/guarantor and/or spouse provide information, both must sign the application.
- Proof of income is mandatory.
 - Copy of the last two (2) pay stubs for any wage earned contributing to the household income or copy of your disability, social security payment statement, unemployment notice of eligible benefits and bank statement reflecting deposits.
 - If you do not have a source of income or proof of income documents, please sign a Zero Income affidavit.
- Copy of bank statements (checking/savings).
- Copy of your most recent cancelled rent check, lease agreement or mortgage payment.
- Written, signed statement from a family member or friend who is providing your room and board.
- A copy of the Medi-Cal Assistance denial if applicable. *Note: Charity Care applicants are requested to apply for Medical Assistance if the patient had an inpatient stay (admitted to the Jewish Home and Rehab Center)*

Please return the above information within 30 business days to Patient Financial Services or mail to the address below:

Jewish Home & Rehab Center
Attention: Patient Financial Services
302 Silver Avenue San Francisco, CA 94112
Or fax to: (415) 477-2096

Every reasonable effort will be made to process your application promptly and once your application has been reviewed you will receive a letter confirming the outcome. Please be advised, we will not be able to approve any application if the information received is incomplete.

If you have any questions regarding the Charity Care application process, please call the business office at 415-469-2262 or e-mail BusinessOffice@SFCJL.org

JEWISH HOME & REHAB CENTER

SAN FRANCISCO CAMPUS FOR JEWISH LIVING



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 sfjcl.org

FINANCIAL ASSISTANCE (CHARITY CARE) REQUEST

All requests are kept confidential. The information provided will only be used to determine eligibility.
Please complete and return this application to:

MAIL:

Jewish Home & Rehab Center
Business Office
302 Silver Avenue
San Francisco, CA 94112

FAX:

415.477.2096

E-MAIL:

businessoffice@jhsf.org

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED

APPLICANT INFORMATION

<input type="text"/>		<input type="text"/>	
APPLICANT NAME		PERSON REQUESTING ASSISTANCE	
Relationship: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Conservator <input type="checkbox"/> POA <input type="checkbox"/> Other:		<input type="text"/>	<input type="text"/>
		ADMISSION DATE	
<input type="text"/>		<input type="text"/>	
ADDRESS		E-MAIL ADDRESS	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	PHONE

INSURANCE COVERAGE (Select and fill in all that apply.)

☐ Medicare A ☐ Medicare B ☐ Medicare D ☐ Medi-Cal ☐ Veterans Affairs (VA) ☐ Hospice

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MEDICARE SUPPLEMENT PLAN	PRIVATE INSURANCE	RX PHARMACY PLAN	OTHER

INCOME AND HOUSEHOLD

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTHLY INCOME	SOURCES OF INCOME	MONTHLY HOUSING COST	HOUSEHOLD SIZE
Housing Status: <input type="checkbox"/> Rent <input type="checkbox"/> Own <input type="checkbox"/> Shared <input type="checkbox"/> With Family <input type="checkbox"/> Homeless <input type="checkbox"/> Other: <input type="text"/>			

Please provide a brief explanation of why you are requesting financial assistance:

I understand and agree that all information provided is voluntary. However, failure to completely and accurately provide the information requested may result in denial of financial assistance. By signing I authorize Jewish Home & Rehab Center to verify the accuracy of the information provided. I understand that completing this request form does not ensure that I will qualify for Charity Care.

<input type="text"/>	<input type="text"/>	<input type="text"/>
NAME	SIGNATURE	DATE