



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 sfcjl.org

APPLICATION FOR ADMISSION

Please complete and return this application to:

MAIL:

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

FAX:

415.651.9871

E-MAIL:

admissions@jhrcsf.org

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED

Everyone is welcome at San Francisco Campus for Jewish Living. We embrace Faith & Non-Faith Based Communities, Communities of Color and Ethnicity, Gender Equality, LGBTQ and more. We provide services that meet the needs of all communities where everyone feels empowered to be their authentic selves. Admission to Jewish Home & Rehab Center is open to all eligible older adults who meet insurance and clinical criteria. This application is a confidential document and is not used as a means for discrimination. Please answer to the best of your ability and remember that 'decline to state' is an acceptable response.

APPLICANT INFORMATION

<input type="text"/>		<input type="text"/>	
NAME		BIRTH 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
<input type="text"/>	Are you a U.S. citizen? Yes No		Are you a veteran? Yes No
SOCIAL SECURITY NUMBER			
<input type="text"/>		<input type="text"/>	
RELIGION		CONGREGATION OR PLACE OF WORSHIP	
<input type="text"/>		<input type="text"/>	
EDUCATION LEVEL		FORMER OCCUPATION	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
FATHER'S NAME	MOTHER'S MAIDEN NAME	BIRTH PLACE	
<input type="text"/>		<input type="text"/>	
RACE/ETHNICITY		LANGUAGES SPOKEN	
<input type="text"/>		<input type="text"/>	
GENDER: HOW DO YOU IDENTIFY?		SEXUAL ORIENTATION: HOW DO YOU IDENTIFY?	
Do you consider yourself to be transgender? Yes No Decline to State			

MARITAL STATUS

☐ Single ☐ Married ☐ Partnered ☐ Widowed ☐ Separated ☐ Divorced ☐ Not Listed:

NAME OF SPOUSE OR PARTNER

PERSONAL PROFILE

Help us get to know you better! This is your chance to introduce yourself, or your loved one.

Please tell us your personal story, activities and interests. Please do not include any medical information here.

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

INSURANCE INFORMATION

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

<div></div> <div>MEDICARE NUMBER</div>	<div></div> <div>MEDI-CAL NUMBER</div>
<div></div> <div>NAME OF MEDICARE PART D (PRESCRIPTION DRUG) PLAN</div>	<div></div> <div>MEDICARE PART D NUMBER</div>
<div></div> <div>NAME(S) OF OTHER HEALTH PLAN</div>	<div></div> <div>OTHER HEALTH PLAN NUMBER(S)</div>

HEALTH INFORMATION

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

<div></div> <div>NAME OF PHYSICIAN</div>		
<div></div> <div>PHONE</div>	<div></div> <div>FAX</div>	<div></div> <div>E-MAIL</div>

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

If yes, please submit a copy of the 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.

<div></div> <div>TYPE OF ASSISTANCE NEEDED</div>	<div></div> <div>HOURS PER WEEK</div>
--	---------------------------------------

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

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

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.

<input type="text"/>		<input type="text"/>
NAME OF MORTUARY		PHONE
<input type="text"/>		
ADDRESS		
<input type="text"/>	<input type="text"/>	<input type="text"/>
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

<input type="text"/>	<input type="text"/>
NAME OF AGENT	PHONE

Durable Power of Attorney – Finance: ☐ Yes ☐ No

<input type="text"/>	<input type="text"/>
NAME OF AGENT	PHONE

Conservatorship of person: ☐ Yes ☐ No

<input type="text"/>	<input type="text"/>
NAME OF AGENT	PHONE

Conservatorship of estate: ☐ Yes ☐ No

<input type="text"/>	<input type="text"/>
NAME OF AGENT	PHONE

SIGNIFICANT RELATIONSHIPS

Please include the names and contact information for those you identify as members of your support system including children, close relatives, friends, etc.

<input type="text"/>		<input type="text"/>	
NAME		PHONE	
<input type="text"/>		<input type="text"/>	
ADDRESS		E-MAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	FAX
<input type="text"/>		<input type="text"/>	
RELATION TO APPLICANT		NAME OF SPOUSE OR PARTNER	

<input type="text"/>		<input type="text"/>	
NAME		PHONE	
<input type="text"/>		<input type="text"/>	
ADDRESS		E-MAIL	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CITY	STATE	ZIP	FAX
<input type="text"/>		<input type="text"/>	
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 undersigned hereby applies for admission to Jewish Home & Rehab Center and agrees, if admitted, to comply with all its rules, regulations and by-laws now in force, and such as may hereafter be adopted by its constituted authorities.

SIGNATURE OF APPLICANT OR DESIGNEE

DATE



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 sfcjl.org

CONTACT INFORMATION FOR ADMISSIONS DEPARTMENT

MAIL:

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

FAX:

415.651.9871

E-MAIL:

admissions@jhrcsf.org

**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) & immunization record from primary care provider
 - ☐ If applicable, discharge summaries from hospital stay, skilled nursing, or home health agency within the past 6 months (including face sheets)
 - ☐ Most current assessments by any specialists (i.e. Neurology, Psychiatry/Psychology, Cardiology)

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