



Applicant's Name _____

Current Address _____

City/State/Zip _____

Phone Number (_____) _____ Date of Birth _____

Email Address _____ Social Security Number _____

Medicare Number _____

Do you have Supplemental Insurance? **Yes** **No**

If Yes, Name and Group Number _____

Do you have an HMO? **Yes** **No**

If Yes, Name and Group Number _____

Do you have Long Term Care Insurance? **Yes** **No** Company Name _____

Contact _____ Phone _____

How did you or your family hear about Selfhelp Home? _____

Are you a member of a synagogue? **Yes** **No**

If yes, synagogue name _____

Your Personal History

Marital status? Single Married Widowed Divorced

Where were you born? City _____ Country _____

If married or widowed, where was your spouse born?

City _____ Country _____

Where did you live before you immigrated (if applicable)?

City _____ Country _____

When did you arrive in the U.S.? _____

Current Residence

Are you currently living alone? **Yes** **No**

If no, who are you living with? Spouse Relatives Other (Specify) _____

Do you Own or Rent?

Are you living in An Apartment Own Home

Retirement/Nursing Facility (Specify) _____

About Potential Resident

What was your occupation? _____

Do you have a Living Will? **Yes** **No**

Who is your Power of Attorney for health care?

Name _____ Relationship _____

Who is your Power of Attorney for your property?

Name _____ Relationship _____

If help is needed or in an emergency, person to contact is

1.) Name _____ Relationship _____

Home Phone _____ Work Phone _____

Home Address _____

City/State _____ Zip Code _____

Email Address _____

2.) Name _____ Relationship _____

Home Phone _____ Work Phone _____

Home Address _____

City/State _____ Zip Code _____

Email Address _____

Preferred Accommodations at Selfhelp

Choice of residence? Independent Living Assisted Living Nursing Home

If Independent/Assisted Living, choice of accommodations

Studio Residence One Bedroom Residence

Choice of meal service? Three Meals Daily One Meal Daily

When would you like to move to Selfhelp? _____

Donation to Selfhelp \$ _____

Do you have a friend or relative currently residing at Selfhelp? **Yes** **No**

If Yes, Name _____ Relationship _____

Has any member of your family been a resident of Selfhelp? **Yes** **No**

If Yes, Name _____ Relationship _____

Are you a member of Selfhelp? **Yes** **No**

Have you recently visited Selfhelp? **Yes** **No** If Yes, Date of Visit _____

Medical Information

Physician's Name _____

Address _____

Phone Number _____ Fax Number _____

Do you have any other consulting physicians? **Yes** **No**

If yes, please list physician(s) name(s) below

Do you have a dentist? **Yes** **No** If Yes, Name _____

Have you been hospitalized within the last year? **Yes** **No**

If yes, please list what hospital, date of hospitalization and reason _____

Are you currently taking any medication? **Yes** **No**

If yes, please list medication, frequency, and dosage _____

Do you have any dietary restrictions? **Yes** **No** If yes, what are they? _____

Are you currently using any assistive devices? **Yes** **No** If yes, please check below

Walker Wheel Chair Glasses Cane Hearing Aid Other _____

Have you received a flu vaccination this year? **Yes** **No**

Have you received a pneumonia vaccination this year? **Yes** **No**

Have you received a TB test? **Yes** **No** If so, when? _____

Other pertinent medical information

Annual Income

Best Estimate

Pension Income

Social Security \$ _____

Retirement Pension, Insurance \$ _____

Other Pension (IRA, 401(k), etc.) \$ _____

Work Income ... Employment, Business, Professional \$ _____

Dividends and Interest \$ _____

Other Income (Specify) _____ \$ _____

Support from Relatives \$ _____

Name _____

Relationship _____

Total \$ _____

Financial Resources

Cash in CDs, Money Market, Checking and Savings Accounts \$ _____

Estimated Value of Residential or Other Real Estate Property (Less Mortgages) \$ _____

Investments in Mutual Funds, Stocks, Bonds, etc. \$ _____

Other (Specify) _____ \$ _____

Total \$ _____

Signature _____ Date _____

FOR OFFICE USE ONLY

Received by _____ Date _____

Approved by _____ Date _____

Comments _____



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