

Jewish Home and Care Center
1414N. Prospect Avenue
Milwaukee, WI 53202

APPLICATION FOR ADMISSION

Date Received _____

Financial Status _____

Room Preference _____

GENERAL INFORMATION

Applicant Name (Last, First, Middle, Hebrew, Maiden)

Age _____ Birthdate _____ Birth Place _____ Marital Status _____ M/F Yes/No
Sex Jewish

Current Address (Street, City, State, Zip Code) _____ Phone Number _____ How Long? _____

Previous Address (Street, City, State, Zip Code) _____ Phone Number _____ How Long? _____

U.S. Citizen _____ in U.S. Since _____ In Wisconsin _____ in Milwaukee _____

Father's Name (Hebrew Name) _____ Mother's Name (Hebrew Name) _____

Spouses Name _____ Date of Marriage _____ If widowed (Date of death) _____

Medicare # _____ A/B/Both _____ Medicaid (T-19)# _____ Social Security # _____
Part

Other Insurance Provider _____ Identification # _____ Group # _____

Previous Nursing Home(s) (name, street, city, state, zip code) _____ Phone # _____

Reason(s) for Placement _____ Admit Date _____ Discharge Date _____

Are you currently living with anyone? Yes/No _____ How Long _____

_____ Name and relationship (street, city, state, zip code) _____ Phone # _____

Family and/or friends at the Jewish Home and Care Center (list names that apply)

I wish to become a resident of the Jewish Home and Care Center because:

FAMILY INFORMATION

List family members including: spouse, children, etc.

1. _____
Name Relationship Phone

Address (Street, city, state, zip code)

2. _____
Name Relationship Phone

Address (Street, city, state, Zip code)

3. _____
Name Relationship Phone

Address (Street, city, state, Zip code)

4. _____
Name Relationship Phone

Address (Street, city, state, Zip code)

HEALTH INFORMATION

Primary Physician (Name and address) Phone #

Consulting Physician (Name and Address) Phone #

The undersigned hereby applies for admission to the Jewish Home and Care Center and agrees, if admitted, to comply with the contractual agreement, rules and regulations of the JHCC now enforce and all others which may be adopted hereinafter by the Board of Directors.

We, the undersigned, understand and acknowledge that room assignments within the JHCC are not permanent. Although it is the JHCC's intent to retain Residents in the same room, changes in the individual's care needs, or the needs of others, may necessitate room transfer to another location in the JHCC.

We affirm that all information provided in the application is factual to the best of our knowledge. I further certify I have read this application or have had it read and fully explained to me, and I fully understand the same.

Signature of Applicant

Signature of Family

Signature of Power of Attorney

Signature of Guardian

Witness

Date