

**Grancell Village of the LA Jewish Home for the Aging  
Joyce Eisenberg Keefe Medical Center - Auerbach Geriatric Psychiatric Unit  
(AGPU)**

**FINANCIAL ASSISTANCE POLICY**

**Exhibit B**

**APPLICATION FOR FINANCIAL ASSISTANCE**

*Patient Account Number (s)* \_\_\_\_\_

*Applicant Name* \_\_\_\_\_ *SSN* \_\_\_\_\_ *Birthdate* \_\_\_\_\_

*Spouse/Partner Name* \_\_\_\_\_ *SSN* \_\_\_\_\_ *Birthdate* \_\_\_\_\_

*Address* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_

*Telephone* \_\_\_\_\_ *E-mail* \_\_\_\_\_

Family Status: List any spouse, domestic partner, or children under the age of 21

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Name* \_\_\_\_\_ *Age* \_\_\_\_\_ *Relationship* \_\_\_\_\_

*Family Size:* \_\_\_\_\_

*(Use supplemental sheet if space is not sufficient and check here )*

**OTHER INFORMATION**

MEDICAL INSURANCE- Please provide a photocopy of the patient's medical insurance cards.

Primary Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

2<sup>nd</sup> Insurance \_\_\_\_\_ Policy# \_\_\_\_\_

Prescription Drug Plan \_\_\_\_\_ Policy# \_\_\_\_\_

Other Coverage \_\_\_\_\_

**EMPLOYMENT AND OCCUPATION**

Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed Name of Business: \_\_\_\_\_

Spouse Employer: \_\_\_\_\_ Position \_\_\_\_\_

Contact Person & Telephone: \_\_\_\_\_

If Self-Employed Name of Business: \_\_\_\_\_

**Grancell Village of the LA Jewish Home for the Aging  
Joyce Eisenberg Keefer Medical Center - Auerbach Geriatric Psychiatric Unit  
(AGPU)**

**FINANCIAL ASSISTANCE POLICY**

**Exhibit B (Continued)  
APPLICATION FOR FINANCIAL ASSISTANCE**

The following is a true statement of all property, securities and investments, cash, bank accounts, insurance policies and assets or sources of income of any and every kind of nature, either in my possession or held by others for my use or benefit, or in which I may have a present or future interests:

<b>1. MONTHLY INCOME</b>	<b>AMOUNT PER MONTH</b>
From Social Security Benefits...Direct Deposits to bank? _____ \$ _____	_____
From Supplemental Social Security (S.S.I.)...Direct Deposit to bank? _____	_____
From Other Government Agencies (Federal, State or City)..... Civil Service # _____ R.R. Retirement # _____	_____ _____
From Veteran's Pensions.....	_____
From Company Pensions...Name of Company _____	_____
From Union Pensions...Name of Union _____	_____
From Other Pensions...Name _____	_____
From Foreign Governments, including Pensions, Restitutions and Indemnification Payments Give Details _____	_____ _____
From Interest on Bank Accounts.....	_____
From Dividends on Securities.....	_____
From Interest on Securities (Treasury Notes, Corporate Bonds, etc.) .....	_____
From Insurance Payments or Annuities...Name of Company _____	_____
From Real Estate (Rents, Interests, etc.).....	_____
From Bequests, Legacies, or Trusts...Name of Estate or Trust _____	_____
From Alimony.....	_____
From IRA, Keoghs, Tax Sheltered Annuities _____	_____
From Children, Names _____	_____
From Others, (Relatives and/or Friends, etc.) _____	_____
Total Monthly Income.....	_____

**2. MONTHLY LIVING EXPENSES**

My monthly rent or mortgage payment is.....	_____
Cost of nursing care per month (if applicable).....	_____

**3. ASSETS**

Present Bank Accounts (saving and checking)

1. Name of Bank _____ Address _____ Zip _____	
Account No. _____ Type of Account _____	
Balance _____ Date _____	
2. Name of Bank _____ Address _____ Zip _____	
Account No. _____ Type of Account _____	
Balance _____ Date _____	

(Use supplemental sheet if space is not sufficient and check here )



**Grancell Village of the LA Jewish Home for the Aging  
Joyce Eisenberg Keefer Medical Center - Auerbach Geriatric Psychiatric Unit  
(AGPU)**

**FINANCIAL ASSISTANCE POLICY**

**Exhibit B (Continued)  
APPLICATION FOR FINANCIAL ASSISTANCE**

4. Conservatorship of estate  Yes  No  
5. Other \_\_\_\_\_

**For each item marked "yes", please complete the following:**

1. \_\_\_\_\_  
Legal arrangement \_\_\_\_\_ Name of agent \_\_\_\_\_  
\_\_\_\_\_  
Relationship to applicant \_\_\_\_\_ Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

*(Use supplemental sheet if space is not sufficient and check here )*

Have you made any prepaid funeral and/or burial arrangements?  Yes  No  
Do you own a burial plot, vault or crypt?  Yes  No If yes, give details \_\_\_\_\_  
\_\_\_\_\_  
-

Name of Mortuary  
(mandatory) \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_ Telephone (\_\_\_\_) \_\_\_\_\_

Have you closed bank accounts, sold, transferred, assigned, made any gifts, or otherwise disposed of any money, securities, insurance policies, real or personal property or other assets within the past five years?  Yes  No  
If yes, specify date closed or transferred, market value of assets, and to whom transferred.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I hereby declare that each and all of the foregoing statements are true, correct and complete. I also understand that this Part B is an integral part of my application to the Home and that my application may be rejected for any incorrect and incomplete information given herein.**

\_\_\_\_\_  
Signature of Applicant or Designee

\_\_\_\_\_  
Date