



Date _____

Applicant's Name _____

Gender of Applicant Male Female Other _____

Person Completing Application _____

Applicant Address _____

City / State / Zip _____

Phone Number (_____) _____ Date of Birth _____

Email Address _____ Social Security Number _____

Primary Insurance _____ ID Number _____

Do you have Secondary Insurance **Yes** **No**

If Yes, Name and ID Number _____

Please list any other Medical Insurance

If Yes, Name and ID Number _____

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

Contact _____ Phone _____

Are you a Veteran **Yes** **No** Are you a Holocaust Survivor **Yes** **No**

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

Are you a member of a Religious Congregation? **Yes** **No** Synagogue Name _____

Your Personal History

Marital status? Single Married Widowed Divorced

Where were you born? City _____ Country _____

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

City _____ Country _____

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

What was your occupation? _____

Current Residence

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

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

Do you Own or Rent?

Are you living in An Apartment Own Home

Retirement / Nursing Facility (Specify) _____

Emergency Contact Person:

This person is also my Power of Attorney for Healthcare Power of Attorney for Property Legal Guardian

1.) Name _____ Relationship _____

Cell Phone _____ Other Phone _____

Home Address _____

City / State _____ Zip Code _____

Email Address _____

This person is also my Power of Attorney for Healthcare Power of Attorney for Property Legal Guardian

2.) Name _____ Relationship _____

Cell Phone _____ Other Phone _____

Home Address _____

City / State _____ Zip Code _____

Email Address _____

This person is also my Power of Attorney for Healthcare Power of Attorney for Property Legal Guardian

3.) Name _____ Relationship _____

Cell Phone _____ Other Phone _____

Home Address _____

City / State _____ Zip Code _____

Email Address _____

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

Preferred Accommodations at Selfhelp

Choice of residence? Independent Living Assisted Living Skilled Nursing / Long-term Care

If Independent / Assisted Living, choice of accommodations

Studio Residence One Bedroom Residence

Choice of meal service? Three Meals Daily Two Meals Daily

When would you like to move 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 _____

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

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 a dentist? **Yes** **No** If Yes, Name _____

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 Wheelchair Power Mobility Device 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

Please provide copies of supporting documentation for the following:

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

Please provide copies of supporting documentation for the following:

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 _____



908 W. Argyle Street | Chicago, IL 60640
773.271.0300 | fax 773.271.0633 | 1.888.271.8232 (toll-free)

www.SelfhelpHome.org