THE NEW JEWISH HOME | University Avenue Assisted Living

Inquiry Card

Date: _____

Prospects Name: _____ **Gender:** Female or Male

Age: ___ **Primary Language:** _____ **Phone:** _____

Address: _____

Referral Info:

Name: _____

Phone: _____

Financial Information:

Medicaid: yes__ no__ pending __

SSI: yes_____ no__ pending___ **SSD:** yes_____ no__ pending__

Medicaid: yes__ no__ pending __

Other income: _____

Are You a U.S. Citizen? : yes__ no__ pending__

HEALTH and ADL'S:

PrimaryMedicalConditions: _____

_____

_____

Do you have a mental health provider: yes__ no __

- **If so diagnosis:** _____

Home care service? yes____ no__

- **How Many Days** _____
- **How Many Hours** _____

Mobility Assistance: (please check all that apply)

Walker: yes__ no__ Wheelchair: yes__ no__ Cane: yes__ no__

Assistance Needed:

Dressing: yes__ no__ Showering/Bathing: yes__ no__ Medication assistance: yes__ no__

Eating: yes__ no__ Housekeeping: yes__ no__ Laundry: yes__ no__ Cooking: yes__ no__

Are you a frequent traveler: YES___ NO___

Comments: _____

_____

Person conducting inquiry:

_____