

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

**APPLICATION FOR FINANCIAL ASSISTANCE**

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

Applicant Name: \_\_\_\_\_SSN\_\_\_\_\_Birthdate\_\_\_\_\_

Spouse/Partner Name: \_\_\_\_\_SSN\_\_\_\_\_Birthdate\_\_\_\_\_

Address\_\_\_\_\_City\_\_\_\_\_State\_\_\_\_Zip\_\_\_\_\_Telephone\_\_\_\_\_Email\_\_\_\_\_

Family Status: List any spouse, domestic partner, or dependent children

Name:\_\_\_\_\_Age\_\_\_\_\_Relationship\_\_\_\_\_

Name:\_\_\_\_\_Age\_\_\_\_\_Relationship\_\_\_\_\_

Name:\_\_\_\_\_Age\_\_\_\_\_Relationship\_\_\_\_\_

Name:\_\_\_\_\_Age\_\_\_\_\_Relationship\_\_\_\_\_

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

(Use supplemental sheet if needed 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: \_\_\_\_\_

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

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

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

The following is a true statement of all monthly income:

**1. MONTHLY INCOME**  
**MONTH**

**AMOUNT**                      **PER**

From Social Security Benefits...Direct Deposits to bank? \_\_\_\_\_ \$ \_\_\_\_\_

From Supplemental Social Security 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 \_\_\_\_\_

Others, (Relatives and/or Friends, etc.) \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

(use supplemental sheet if needed and check here ☐)

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

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

\_\_\_\_\_  
Date