



Client Application – All information is Strictly Confidential

Today's Date: _____

Have you previously received services from Yad Ezra? ____yes ____no

Client: last name _____ first _____ middle initial _____ last 4 social security # _____ date of birth _____ Gender _____ Military: Which Country? _____

Spouse: last name _____ first _____ middle initial _____ last 4 social security # _____ date of birth _____ Gender _____ Military: Which Country? _____

Address: number and street _____ apt. number _____ Primary telephone (h) (c) _____ Secondary telephone (h) (c) _____

City / State / Zip _____ passport/driver's license/other ID # _____ email address _____

Emergency Contact name and phone number _____

Additional Dependents in household:	FULL NAME	Last 4 Social Security numbers	Date of Birth	Gender	Military: Which Country
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Fill in information below: *(Must Show Printed Proof in meeting)*

A. Monthly income	Gross – Amount (before deductions)
Wages	
Social security	
SSI	
SSD (disability)	
Unemployment	
Other:	

- B. Do you receive service from any of the following?**
- Bridge Card / SNAP _____ yes _____ no _____ amount
 - WIC _____ yes _____ no _____ amount
 - Jewish Family Service _____ yes _____ no
 - JVS _____ yes _____ no
 - Easter Seals _____ yes _____ no
 - Jewish Senior Life _____ yes _____ no
 - Hebrew Free Loan _____ yes _____ no
 - Medicare _____ yes _____ no
 - Medicaid _____ yes _____ no
 - Other _____

Religion: _____ Citizenship: _____ Country of Origin _____ Holocaust Survivor(s) _____

Private Health Insurance: _____ Client Signature: _____ Date: _____

Referred from: _____ Comments/Other/Emergency situation: _____

For Office Use: Worker signature: _____	One time only? _____ <input type="checkbox"/> Yes
---	---