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Ahavas Chesed – “Love of Kindness” Inc.  
720 Lefferts Ave., Brooklyn, NY 11203  
718-221-2424 fax 718-221-2606

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Intake Questionnaire

Please make sure to fill out both sides of this form and return it to us with a copy of your unpaid Medical Bill(s). If you have any questions, call our office At 718-221-2424.

All requests must be accompanied by a letter from your local Rabbi. Ahavas Chesed reserves the right to investigate and verify the facts presented herein:

Date: \_\_\_\_\_

Name \_\_\_\_\_

Spouse Name \_\_\_\_\_

Marital Status: \_\_\_\_\_ Number of Children \_\_\_\_\_ Ages of children from \_\_\_\_\_ To \_\_\_\_\_

S.S. # \_\_\_\_\_ U.S. Citizen \_\_\_\_\_ If not U.S. citizen, what is your status? \_\_\_\_\_

Address \_\_\_\_\_

Telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Reference, Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Income \_\_\_\_\_ list additional sources of income and amounts, section eight,

Food stamps etc. \_\_\_\_\_ Total amount of Savings, Checking, Certificate of

Deposits Money Market, Real Estate, Personal property owned by yourself, your spouse. \_\_\_\_\_

Employer, Name \_\_\_\_\_ Telephone # \_\_\_\_\_

Spouse employer, Name \_\_\_\_\_ Telephone # \_\_\_\_\_

List additional Sources of Income \_\_\_\_\_

Expenses Rent \_\_\_\_\_ Tuition \_\_\_\_\_ Utilities \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Submitted by Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_

Description of Cases and request for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize any Insurance company, Organization, employer Hospital, Physician, Pharmacist or any other person to release any information furnished in support of this request is true and correct

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only

Interviewed by \_\_\_\_\_

Pay To \_\_\_\_\_

Send To \_\_\_\_\_

Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_