



**Forms Must Be Filled Out Completely and Signed in Order to Finalize Your Reservations:**

Mail: Jewish Caring Network – Tikva House  
122 Slade Ave., Suite 100a  
Baltimore MD 21208  
Fax: 410-602-6076  
Email: reservations@tikvahouse.org

**Tikva House Information:**

Tikva House  
529 N. Washington St.  
Baltimore, MD 21205  
Tikva House Reservations 410-534-1033 • Fax 410-602-6076 • info@tikvahouse.org • www.tikvahouse.org

**Housing Application Date:** \_\_\_\_\_

**Patient's Name:**

\_\_\_\_\_  
(Title) (First) (Middle) (Last)

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**If Patient is a Minor:**

Mother's Name Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Father's Name Title \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_

Legal Guardian (if other than parents) \_\_\_\_\_

Caretaker's Name (if applicable) \_\_\_\_\_ Caretaker's Cell \_\_\_\_\_

**Hospital where patient is being treated:** \_\_\_\_\_

Attending Physician \_\_\_\_\_

Physician's Phone # \_\_\_\_\_ Physician Fax # \_\_\_\_\_

Physician's Email \_\_\_\_\_

**Arrival Date:** \_\_\_\_\_ **Approx. Check in time:** \_\_\_\_\_

**Departure Date:** \_\_\_\_\_ **Approx. Check out time:** \_\_\_\_\_

**Please describe patient's reason for visit and any special medical needs or considerations:**

(For example, is patient confined to a wheelchair, in need of 24-hour nursing care, in need of oxygen, etc.)

\_\_\_\_\_

**References:**

Reference (name & phone number): \_\_\_\_\_

Reference (name & phone number): \_\_\_\_\_

Synagogue (if applicable): \_\_\_\_\_

Rabbi's Name (if applicable): \_\_\_\_\_

Rabbi's phone number & email address: \_\_\_\_\_

**Please List the Names, Relationships to Patient, Ages, and Phone Numbers of the Family Members Planning to Stay in the Tikva House**

**FOR SAFETY REASONS - IF NAMES ARE NOT PROVIDED BELOW, INDIVIDUALS ARE NOT PERMITTED TO STAY IN THE TIKVA HOUSE.**

1) \_\_\_\_\_  
 (Title) Name Relationship Age  
 \_\_\_\_\_  
 Cell Number Address Email

2) \_\_\_\_\_  
 (Title) Name Relationship Age  
 \_\_\_\_\_  
 Cell Number Address Email

3) \_\_\_\_\_  
 (Title) Name Relationship Age  
 \_\_\_\_\_  
 Cell Number Address Email

4) \_\_\_\_\_  
 (Title) Name Relationship Age  
 \_\_\_\_\_  
 Cell Number Address Email

**Will you need meals during the week?**     Yes     No

**Additional info:**     Yashon     Pas Yisroel     Cholov Yisroel

**Food Allergies:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

**Will you need meals for Shabbat?**

- Friday Night Dinner     Yes     No
- Shabbat Lunch     Yes     No
- Shalosh Seudos     Yes     No

**Would you like to be visited in the hospital?**     Yes     No

**Would you like to speak with a Rabbi or Chaplain?**     Yes     No

**Would you like patient's name added to the JCN Tehillim List?**     Yes     No

**If so, patient's Hebrew Name:** \_\_\_\_\_

**Are you interested in having a volunteer take you to the grocery store, Target, etc. ?**     Yes     No

**What language do you speak?** \_\_\_\_\_ **Will you need an interpreter?**     Yes     No

**Registration:**

To reserve a room, there must be a credit card on file. Significant damage to the room will be charged to the credit card on file. Upon check out, a room inspection will be performed.

Credit Card Number: \_\_\_\_\_

Expiration Date (month/year): \_\_\_\_\_

Full Name on Card: \_\_\_\_\_

Billing Street Address/City/State/Zip Code: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please Consider a Donation to Help with the Upkeep of the Tikva House.**

A suggested donation of \$65/night (per room) assists with the operating expenses of the Tikva House. (Meals, Laundry, Housekeeping, Security, etc.) All donations are tax deductible. A receipt will be mailed to you.

**My Rabbi/Synagogue/Organization/Family/Friend** would like to sponsor the cost our stay:

Contact info: \_\_\_\_\_

Check: Please make check payable to: **Jewish Caring Network – Tikva House**

Please call me for my credit card donation.

**In Order for us to Help as Many Families as Possible...**

**Please Remember to Let US KNOW WHEN YOU HAVE VACATED YOUR ROOM(S). PLEASE CALL (410) 524-1033 OR TEXT (443) 791-6729**

**This way, we will be able to have the room cleaned & ready for the next guest who needs the Tikva House.**

*\*Please note, we assume you are using your room(s) until you notify us otherwise. If you leave and do not notify the Tikva House Manager, you will be charged accordingly.*

I acknowledge that I have received, read and understand the Guest Rules and are aware that my family, visitors, and myself must abide by these policies in order to remain a guest of the Tikva House. I further agree that The Jewish Caring Network (JCN) or their agents, officers, employees, and or volunteers will not be responsible for accident or injury to me and or guests staying with me, or for loss of any personal property and/or personal vehicles. To provide you with appropriate accommodations, resources, and assistance, the staff of the Jewish Caring Network - Tikva House may communicate with your Johns Hopkins medical care team and/or any agency it deems necessary. I understand that this is a cooperative effort by agencies involved to share information that will lead to better utilization of community resources and better cooperation amongst our agencies/organizations to best meet my needs. Any violation of the Tikva House Guest Rules may result in the guest(s) being required to immediately vacate the Tikva House. Guests in violation of these policies may not be eligible to return to the Tikva House for future stays. I acknowledge that the patient and caregivers must meet all eligibility requirements to stay at the Tikva House.

\_\_\_\_\_  
Patient's (or Guardian's) Name - Please Print

\_\_\_\_\_  
Patient, Parent, or Guardian Signature

\_\_\_\_\_  
Patient's (or Guardian's) Signature

\_\_\_\_\_  
Date Signed

**Please Check One:**

I GRANT  I DENY permission for the Jewish Caring Network to use a photographic image of my child and/or family in Jewish Caring Network's promotional materials

***Thank You for Staying at the Tikva House***

**If there is anything you need during your stay, please feel free to contact us at: (410) 534-1033**