



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 Information:

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.)

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

If so, patient's Hebrew Name: _____

Guest Information:

Name:

(Title) (First) (Middle) (Last)

Date of Birth _____ Sex _____ Age _____

Home Address _____

City _____ State _____ Zip Code _____

Cell _____ Home Phone _____

Email _____

Covid Vaccination Type _____ Covid Vaccination Dates _____

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 all Family Members Planning to Stay in the Tikva House.

- **PLEASE NOTE: IF NAMES ARE NOT PROVIDED BELOW, INDIVIDUALS ARE NOT PERMITTED TO STAY IN THE TIKVA HOUSE.**
- **PLEASE NOTE: COVID VACCINATIONS ARE REQUIRED OF ALL GUESTS STAYING AT THE TIKVA HOUSE. PLEASE ATTACH PROOF OF VACCINATION FOR ALL INDIVIDUALS LISTED BELOW.**
- **PLEASE NOTIFY THE TIKVA HOUSE STAFF WHEN FAMILY MEMBERS PLAN TO ARRIVE OR LEAVE THE TIKVA HOUSE.**

1) _____
(Title) Name Relationship Age

Cell Number Address Email

Covid Vaccination Type _____ Covid Vaccination Dates _____

2) _____
(Title) Name Relationship Age

Cell Number Address Email

Covid Vaccination Type _____ Covid Vaccination Dates _____

3) _____
 (Title) Name Relationship Age

 Cell Number Address Email

 Covid Vaccination Type _____ Covid Vaccination Dates _____

4) _____
 (Title) Name Relationship Age

 Cell Number Address Email

 Covid Vaccination Type _____ Covid Vaccination Dates _____

Will you need meals during your stay? Yes No

Food Allergies: _____

Food Preferences (Chassidische menu, dairy, pareve, food likes and dislikes): _____

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

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

Are you interested in having a volunteer take you to the grocery store (or 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 _____

Nightly Rate:

Although there is no set fee to stay at the Tikva House, please consider a donation to help with the upkeep of the Tikva House. A suggested donation of \$65/night (per room) enables us to operate and maintain the Tikva House. 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: _____

- My medical insurance will cover the cost of our stay.

Send invoice to: _____

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

- Please call me to authorize my credit card donation.

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.

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

Guest Name - Please Print

Guest Signature

Date Signed

PLEASE LET US KNOW WHEN YOU HAVE VACATED YOUR ROOM(S).

PLEASE CALL (410) 534-1033 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.

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