

JEWISH VOCATIONAL SERVICE TODAY

If unemployment results, if discrimination and racial prejudice becomes more widespread, or if other group tensions prevail, there will be explosive economic unrest. Within the limits of budget, staff, and experience, JVS will utilize its facilities to the fullest—in coordination with other community organizations—in meeting its segment of the total postwar problem.

OLD AGE

FAMILY AGENCY SERVICE FOR THE AGED

by Elsie L. Heller

Westchester Jewish Community Services, White Plains, N. Y.

WHAT THOUGHTS AND FEELINGS come to mind, when mention is made of "Problems of the Aged?" The likelihood is that this calls up a picture of deterioration, sadness, and frustration. Certainly the perspective of the family service agency is largely colored by the need for help to those in serious trouble. Frequently the need is acute, and the outlook rather gloomy. The benign serenity of Whistler's "Mother" is not typical of the person we need to serve.

But is this the whole picture? Unfortunately, the poignancy of many of the situations we see, may tend to distort our notions. We need to be mindful of our own profound reactions and identifications. Perhaps the somewhat feeble, slowly reacting, embittered old person, creates fear in us and there may be intense disquiet as we look ahead at what may be the ravages of old age.

There is another side of the picture, however. For those of us who have worked with the "aged," there is also the heartening satisfaction of discovering unsuspected reserves of strength and adaptability. We have met the octogenerian who is "young in spirit," whose long span of life serves positively to bring about a mellowed, kindly outlook. Before we can recognize and enhance the latent personal and emotional resources of the aged, we must first have faith that these potential qualities may exist.

Planning With a Self-Reliant Aged Person

In the following case illustration we see that while life may "begin at forty," it certainly does not always end at seventy.

Mr. F. had called to ask for an appointment, having been referred by the Rabbi in his community. He is a small, white haired, dapper man, and although obviously deep in his seventies, he walked with a firm stride, and his eyes were bright and clear. He began in a very self possessed way to tell me of his present situation. He spoke rather slowly and deliberately, but his words were well chosen and he talked with clarity and forcefulness. He said with some pride, that he was 79 years old on his last birthday. Drawing out a picture from his coat pocket, he showed me the photograph of himself and his wife, taken not long ago, on their 47th wedding anniversary. I commented that they made a fine looking couple. He spoke of her with tenderness and devotion; they've had a wonderful life together and though they were never blessed with children, they have known much happiness. "What you've never had, you don't miss," he added.

He is worried now "about the future." Smiling a little as he said this, as

though I might find it amusing, he went on to say that up till now they had managed well. They have a nice three-room apartment; he gets old age assistance and his wife has a small independent income. In the last three years, however, her health has been failing. Recently she was hospitalized and since her return home, things have been increasingly difficult. They are still getting along pretty well, with the help of the visiting nurse who comes in daily, but he is growing a little anxious and the family physician recommended that they consider application to a Home. He wants to do what is best for her. He is really looking to the future, for the time may not be far off, when she will need more care than he can give her. I recognize the soundness of his wish to plan ahead.

Mr. F. is then given some information about institutional facilities. He becomes engaged in a thoughtful consideration of the possible choices available to him and what each alternative can offer him and his wife. He sees the importance of an accurate appraisal of his wife's physical condition, and recognizes how the decision would be conditioned by such an appraisal. He is helped to consider a somewhat tentative solution. He is convinced, however, that direct contact with the institution will help him to evaluate more effectively whether admission to it can or should be effected. In this step by step approach he has a chance to test and explore. Perhaps he will find that he and his wife can manage in their own place for quite a while. If their plan should eventuate in institutional placement, it will be on the basis that it best meets their need, and psychologically they will be ready to accept it.

Some Complicating Factors

The case worker dealing with the aged must approach each situation individually, ready to recognize and exploit the client's maximum strength. As indicated before, many of the aged who require help, do not present the positive picture we met in Mr. F. It requires discipline and professional orientation to maintain poise and balance in the face of some of the more discouraging and poignant problems we meet. It is therefore easy to understand how great is the burden carried by members of the family, the sons and daughters who are responsible for the planning for aged parents, and who may be in conflict about their obligations and at a loss about how to effect a solution. This is a many-sided problem, with infinitely varied facets. Many external factors play a vital part, and today with the disturbances in living conditions as a result of the war, we find further complications. The doubling up of families may mean less room for Grandpa. Mother may be much less patient with his whims and requirements when she is worried about that long awaited letter from overseas. The call of women to industry has made it almost impossible to keep a "housekeeper-companion" with Grandma who up till now had managed so well in her own apartment. If in addition, Grandma must have the household run on "strictly Orthodox" lines and the younger generation is not Orthodox, we have one more complicating factor.

Problems of care for the aged are no respecter of income or class. Although

financial security is a potent factor, we meet with situations in which the need and even the troubles are quite unrelated to financial matters. Some experiences of the Westchester Jewish Community Services illustrate this point.¹ Since the agency is located in an upper middle class community, the type of service rendered has been geared to meeting certain specialized requests for help. About seventy percent of of cases are non-relief, and of these, about twenty to twenty-five percent involve some problem of care for the aged. This represents a disproportionate figure, which has characterized our own particular experience.

Having been faced with the recurrent need for help in planning for the aged of families whose social and economic self-sufficiency has been solid and sustained, we have given special thought to serving this group. For them, coming to an agency may be a double edged sword, concretizing the seriousness of the problem that cannot be solved by themselves, and heightening the sense of involvement of the member of the family who seeks guidance from, and thus faces some dependency on, the agency. In some instances the aged person presents very serious mental or physical problems which prevent his participation in the planning. This may add an even greater burden to the son or daughter who must plan alone, taking responsibility for a decision that is painful to face. The application to the agency represents the first step in seeking a solution. We found that these beginnings were extremely difficult. What part of this large problem has to be shared with the agency to make help effective? Out of an accumulation of experience with several situations, we have evolved the following application form, which we have found helpful as a basis for focusing the problem and for establishing the groundwork for a dynamic approach to meet it.

WESTCHESTER JEWISH COMMUNITY SERVICES
Application Blank — Old Age Assistance

Application for Placement for
 Address Phone
 Length of Residence at Above Address Orthodox or Reform.....
 Physical Condition

 Can you provide medical report if required?
 Mental Condition

Financial
 Resources and assets
 Is applicant receiving Old Age Assistance?
 To what extent can family meet cost of care?

1. The Westchester Jewish Community Sservices is a family service agency affiliated with and supported by the Federation of Jewish Philanthropies of New York, and serves Jewish residents of Westchester County, a suburban area adjacent to New York City.

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Have you applied previously for assistance or institutional placement?

Which of the following plans do you wish to consider?

(a) Application for Old Age Assistance

(b) Application to County Home

(c) Application to private institution

(d) Application to private nursing home

Do you wish our continuing help with your plan?

Signed

Relationship

Date

Meaning of the Application Form

The specific items listed on the application blank help point up the consideration of the particular questions that need to be evaluated in order to determine a course of action. The reference to "physical condition" and "mental condition" highlight the importance of estimating these particular factors, which must condition the planning. Similarly, the questions listed under "Financial" serve to engage the client in a specific consideration of his resources, and start him on the way to relating the question of cost of care to facilities and plans available. The possibility of application for Old Age Assistance is more focused and meaningful if seen in the relationship to the total picture. The actual listing of specific plans points up the possibilities, out of which choice can be made.

We included the question "Do you wish our continuing help with your plan?" In answering this, the client has a chance to evaluate his need for further service from us, and may be better able to decide whether the continued sharing with the agency will be useful in guiding him to an ultimate decision.

One additional item on the application blank, listed as "Orthodox or Reform", has special significance for our Jewish clientele. The cultural differences implied in this question have far-reaching and important effects. Institutions are set up in accordance with specific religious practice. This question is, therefore, another basic consideration in making a plan. Even outside the set program of the Institution, the problem of religious and cultural identification plays an important part. The aged person, with his strong convictions about Orthodox observance may find himself in conflict with his son or daughter who may have different notions about running the household, especially the kitchen. All of these factors, pointed up in the Application Blank, represent the factual framework within which the applicant can choose or reject a given plan.

What about the applicant's feelings, as he faces the necessity for taking responsibility for some decision? We have been impressed with the heavy burden he carries and the difficulty he faces in controlling his emotions. We are likely to find a combination of guilt, frustration, impatience and disappointment. Certainly in this beginning experience he is our client, although his coming to us was motivated

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by his seeking concrete advice for his parent. We have to meet him on his own level, realizing that any solution to the problem depends on his ability to follow it through.

Accepting Institutional Placement

Mrs. C. called to ask if we could tell her about facilities for institutional placement for her aged mother. She sounded distraught and harassed, as she felt she had to do something. She could not stand it much longer. When an appointment at the office was suggested, she did not see how she could come in. She could not leave her mother alone, and an interview at her home would be difficult. When an evening appointment was offered, she seized on this eagerly. Mr. C., she said, could also go along with her.

Mr. and Mrs. C. came in for the following interview.

They looked around as though they were trying to get their bearings, and seemed a little embarrassed. I commented that perhaps this was a very new experience for them. I noticed immediately how tense and over-wrought Mrs. C. was. There was a tremor and distress in her voice. She is a tall gray-haired, nice looking, well dressed woman. Mr. C. is a personable gentleman, well spoken, with a quiet, even manner. She began by explaining that it was Mr. C's mother they were concerned about. Mr. C. then took over the responsibility during most of the interview, with Mrs. C. only commenting from time to time.

He explained briefly that they needed to place his old mother since it was no longer possible for his wife to care for her. I introduced the application form, suggesting that this might guide us in getting the specific information, and together we would see what could possibly be done. This helped put him at ease and in filling out the form, the following information was obtained. Up until a few months ago, his father and mother had been living together in their own place, and had managed pretty well. His father suffered from diabetes and developed a serious condition which necessitated hospitalization and later, amputation of one leg. Eventually he would have to return to Mr. and Mrs. C's home. They know now he cannot return to the original set up. His mother is regressing. The readjustment was hard for her; she could not find herself in unfamiliar surroundings and she had grown increasingly troublesome, needing constant watching. In discussing the specific items pertaining to physical and mental conditions, Mr. C. said his mother was in good physical condition except for her blindness. Mentally he described her as "senile", and talked about her hallucinations. Mrs. C. stated that she could not continue this way indefinitely. Almost on the verge of tears, she said it was terrible for her to feel as she did, but sometimes she thought she "would do something" to the old lady.

The worker recognized their need to arrive at some plan. Various alternatives were explored, taking into account the necessity to be guided by medical advice. The diagnosis and prognosis of the mother's mental condition, and the matter of their financial resources was discussed in relation to a privately financed plan. We also introduced the possibility of application for help from Old Age Assistance, and how it depended on their resources and on the medical recommendations.

Mr. and Mrs. C. were thus able to proceed in some meaningful direction. In our continuing contact, they shared with us the step by step findings that eventually

brought them to the point of accepting state hospital committment. Our final contact was with Mrs. C.

She expressed her great conflict about the state hospital plan. All this, she felt, had been very hard on her husband, because she knew how close he was to his parents. Her eyes filled with tears as she talked about the great strain she had been under. I remarked that perhaps it had been especially hard for her, as a daughter-in-law. With a great deal of feeling she said she had done more for her mother-in-law than she would for her own mother. But they really had no choice. Her daughter was to return from college soon and they could not go on in this crowded strained household. Her husband was not critical of her. He understood they had to make this decision.

In this situation, the agency's service helped Mr. and Mrs. C. face the problem and arrive at a solution. There was pain and conflict in this for them, but through their own active participation they accepted the inevitable.

Help in Clarifying a Problem to the Applicant

In every application made by a son or daughter for help in planning for an aged parent, we are constantly mindful of the need to include as far as possible the participation of the applicant and other persons involved. Sometimes it is only with the help of the caseworker that a daughter may come to recognize that the ready made plan she would like to use for her father may meet with his resistance, or opposition. Contact with the agency may also serve to clarify her own feelings and help her toward a decision she can bear more comfortably.

Mrs. G. phoned to ask for information about placement for a man of 80. She said she was calling for a friend, who was quite concerned about the situation. When it was suggested that the person get in touch with us directly, she said that her friend, Mrs. B., was a little timid about it; perhaps we could give her some general information over the phone. I explained why this could not be very helpful, since so much would depend on the particular situation.

Later Mrs. B. phoned to ask for an appointment.

Mrs. B. is a pleasant looking, well dressed woman. She seemed strained and uncomfortable, and I commented that it was not easy for her to come here to ask for help with her problem. Although she was very self-controlled, she showed her deep concern and indicated how troubled she was about even beginning to discuss some plan for her father. He had made his home with her for the past four years, but things really became difficult after the death of her mother, three years ago. Rather guardedly and defensively she began to describe him. He was in good physical condition and mentally alert. Socially he had become quite isolated and was increasingly concerned about his well being. He complained bitterly that his other children showed little interest in him. She went on to describe him as a tyrannical, irritable, demanding old man. It was with difficulty that she came to the point of mentioning a plan of having him in a "Home". She put it on the basis that it was for his own good; she was concerned about his physical comfort and she could not keep the house warm enough for his needs during the winter months. Besides, he might find companionship through some association with his contemporaries. I asked how he felt about this idea and whether she had discussed it with him. She

said they had spoken about it a little, and she thought he would be amenable. She went on quickly, however, to express her own uncertainty. Although the burden fell on her, it was hard for her to think of "putting him in a Home," even though she knew his staying on was not good for either of them. Sometimes things between them got so strained that for days on end they would not speak to each other. She got annoyed and irritable, and then felt guilty because of her impatience. He was around constantly, and had not been out of the house for months, not even for a walk, or to go to the movies. He had lost the few friends he had had.

Applicant Explores Possibilities

The application blank which indicates alternative courses of action gave focus to Mrs. B's discussion. Since the family was able to meet the costs in a good private Nursing-Boarding Home, the discussion of the possibilities available, with a consideration of the advantages and disadvantages of existing facilities, led Mrs. B. to consider a definite plan. She decided, however, first to look into the possibilities of private homes. She wanted to see them herself, and then discuss the plan with her father, and get his approval.

I recognized her deep concern with all of this, and sensed her need for help with her own feelings. I mentioned that any decision she made would probably involve a compromise. Perhaps the idea of a private nursing home would fall through, if her father found reason to object to it. She appeared rather pensive and a little crestfallen, but we agreed that she would be more certain after she had explored the idea further and given it more consideration. The next appointment was set, and she thanked me warmly, as she left.

In the intermin, Mrs. B. visited two of the private homes suggested.

Her conflict seemed heightened by what she had found. Although the places had a good bit to offer physically, she did not think they would serve her father well. He would not find the companionship he was seeking; there was an atmosphere of illness that would not be good for him. Further discussion about the alternative of a large congregate institutional set up raised further questions in her mind about how he would ever adapt himself, and whether they would put up with his querulousness and constant imperious demands. She was beginning to think that perhaps she could not go ahead with any of these plans. I asked if she had talked with her father further about leaving. She had mentioned it only once, putting it on the basis of the heating problem, and after that she heard him say to others, and also mutter to himself that he was being put out. She had given this a great deal of thought, and she was beginning to realize that she was a person with "pretty stern feelings of responsibility." Even though her burden was hard to carry, she felt she had no other choice because she seemed unable to go through with another plan. She wanted to think about it a little more; but she did seem to be moving away from any plan of change. She said her discussion with the worker had been helpful to her. It clarified her own ideas and gave her a basis for reaching a decision.

In our next and final contact with Mrs. B. she said that all her "firm resolves to make another plan have disappeared". It was not a happy situation for her, but "until something drastic happens," things would have to remain as they were. There was some discussion of direct agency service to her father, but she saw the problem as hers, rather than his.

Concluding Remarks

We have tried to show, through the above illustrations, how the family case-work agency can best serve in each situation through an individual approach, and by providing in the casework relationship a medium for an optimum solution. This implies some skillful use and evaluation of the institutional facilities of the entire community.²

The family service agency meets a wide variety of problems in offering help for the aged. In the case of Mr. F., we recognized his positive strengths, and approached him as a person with real ability to plan and help himself. Although we see many aged people with similar potentialities, a many problems that come to attention of this agency require a different kind of service. Where responsibility for planning had to be assumed by a member of the family, we had to meet the client differently. The special application form designed to facilitate the use of the agency's service for this particular group, was a basis for a concrete presentation of the situation. It provided a framework giving direction and form to the case-work process.

Work with the aged has been emerging from the hinterland. Our help will continue to be increasingly effective as we come to appreciate the rich possibilities of our casework service.

DISCUSSION —

by Edith L. Lauer

Jewish Family and Children's Bureau, Baltimore, Md.

MRS. HELLER HAS BUILT HER PAPER ON SOME BASIC CONCEPTS and she does well to highlight them in her discussion and case illustrations. The Program Committee also did well. They set the stage for her by entering on case work services, in addition to other services required by the aged, and the Conference should be grateful to both for making this emphasis.

The very words "Case Work Services to the Aged" carry their own exciting implications and, as Mrs. Heller shows, mean much to family agencies as they struggle to achieve better understanding of human behavior and to make better use of the psychological factors in the case work process. They mean that family agencies are moving away from the idea that just providing adequate allowances, even to the amplitude of maid and laundry service, or proffering comfortable seclusion, however sympathetically, if not luxuriously, is not to perceive the true

2. In New York City, the recently created Central Bureau for Jewish Aged is a partial answer to the growing recognition that resources and planning for the aged must be coordinated, to insure the maximum use of facilities, and to provide effective service to those in need of care. This Central Bureau will offer a means of clearing on intake and referrals for all types of care and service for the aged, including public as well as private resources, family case work and institutional facilities. In addition, it hopes to serve in a variety of ways, not only to insure the best use of current resources, but to point the way toward filling the gaps of unmet needs.

nature of the problems of the old people, nor yet to realize the capacity of a case work agency to serve them. They mean that family agencies know that time and illness do not necessarily destroy the individual's inner strengths or his ability to maintain his own particular identity. They know the self that was his own is not suddenly sent hurtling down a toboggan of years into nothingness, but can remain his own. It will be different from the self of ten or twenty years ago, perhaps even greatly impaired, but nonetheless it remains, and remains as a force that he can use in his own behalf.

Thus it follows that the aged client can become an active participant in the case work process for the purpose of effecting some change in his own situation. He has his own particular ideas and feelings in connection with his own peculiar problems and they should not be stifled in the false protection of psychological cotton wool in an effort to "bring solace to the twilight years."

Family agencies dare not lay sole claim to the discovery that the aged are people. Science has long since begun to see "The Problem of the Aged" in a new light and evidence to this effect comes pouring in from the four corners of the world of research. Population experts announce drastic increase in the age levels of the future, predicting that 20 million people over 60 will be living in this country by 1985. This is startling news and sobering as the family agency looks ahead. But medical science proclaims a possible new freedom—Freedom from Senility, with supporting evidence from the psychological laboratories. Industrial research contribute its share with reports of "over age" workers found surprisingly effective in times of man-power shortages and, to move into an area become familiar to thousands of blue-star homes, we know that Grandparents have now blissfully come into their own, proving themselves not only useful, but often indispensable.

While war conditions sharpen interests and provide practical demonstrations, extensive scientific studies continue, and some daring social experiments have been under way in driving assault upon traditional attitudes and programs. Problems of the aged have become the concern of every profession interested in the problems of people, whether in terms of health, economic status, or social adjustment. Educators, physicians, sociologists, actuarial experts, as well as administrators of Public Welfare programs are preoccupied with this phenomenon of the times, "Old Age Research", and each field recognizes its own responsibility towards it. Case work shares this concern and this responsibility.

Each field is underscoring not only the strengths of the aged but the importance of utilizing them constructively. To give but one example, medicine tells us that chronic illness is no longer to be taken as the inevitable result of advancing age, to be treated in special wards of the Aged Homes constituting both threat and warning to the more sturdy residents. Rather, chronic illness should be treated in a regular hospital with all the professional resources available for the treatment of acute illness, in which, of course, I include the special skills of medical social service.

This separation of the sick from the aged has dual significance. It promises better medical care for a special group of patients and brings the clients who are not patients into different focus. There is a general trend in "Homes", and in other forms of group care for the aged, to encourage useful activity for the client, activity that will provide him some genuine satisfaction in his ability to contribute to his own welfare and to the welfare of his companions.

This accent on strength is the case worker's joy. It is also a challenge as is seen in Mrs. Heller's paper. The three cases discussed are typical of situations that come to the family agency whether relief is involved or not. "The positive picture we meet in Mr. F." has its counterpart everywhere and he is fortunate indeed in coming to an agency that meets his worry "about the future" without condescending amusement, that respects and supports the special identity he retains for himself at the age of 79, and helps to develop his capacity for self-direction in ef-

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fecting some change.

This is making real use of the case work process, in sharp contrast to what might have happened if he had met with the "kind" impulse to prevent an old gentleman from facing the painful realities in his situation, an impulse all too often mirrored in case histories by well meant advice, if not high pressure salesmanship methods as Aged Homes are described in terms of the summer resort prospectus.

Mrs. Heller's agency did not lend itself to denying that there might be great pain in having an "accurate estimate of Mrs. F's physical condition" any more than it lent itself to denying her husband's right to use his own strengths in facing that pain. Here is the joy—meeting his septuagenarian strength. Here is the challenge—trying to understand the extent to which he can use that strength. There is challenge, too, in learning how to convey a convincing sense of this understanding to him and how to make it dynamic enough for him to use in his own way.

I wish the agency could have met this same challenge in the case of the other gentleman, the "querulous" Mr. B. I am not unmindful of the effort to give him the opportunity of coming to the agency but I do not think the service here is in consonance with the concepts Mrs. Heller so rightly uses as a back-drop. The core of the problem was obscured by permitting the content of the interview to remain focussed on the various types of available community resources without acknowledging the essential nature of the trouble which, it seems to me, was not old age alone, but the relationship between father and daughter. Could this ever remain solely the daughter's problem? Could help really be given without the active participation of them both?

To accept the daughter's decision, positive as it may have been for her, as a solution, is to overlook the special identity which we know the old person can retain and which entitles him to the right of self-assertion and self-direction. I must wonder if he, too, could not have made some use of agency help.

There can be no such question, of course, about Mrs. C. In this situation infirmity had conquered the ability for self-direction. The son and daughter-in-law were properly considered the clients, and the true nature of their intricate problem was recognized with sensitivity. They were definitely helped because, to paraphrase Mrs. Heller's own words, "psychologically they were ready" to make a decision to secure the proper care for their patient with all this involved for them.

In conclusion, I want to echo Mrs. Heller's plea for the further examination of the family agency services as they relate to other facilities for the aged provided by the community, as exemplified by the reference to the Central Bureau for the Jewish Aged in New York City. In Baltimore, too, the Jewish community has a newly awakened interest in attempting to review its program in behalf of better service and better coordination. While planning is still so tentative as to be in what might be called the pre-discussion stage, there is evidence of a new approach to what has been a baffling problem of long standing to the medical, institutional and case work agencies alike.

We hopefully look forward to more general recognition and acceptance of those basic concepts in Mrs. Heller's paper, and consequently, to their more effective use. Only then can we feel we are really moving on towards realizing our objective which is to give each individual aged Jewish client not just tender protection, but real help.

CRITERIA OF INTAKE AND INTAKE PROCEDURE IN THE HOME FOR THE AGED

by Julius Weil

The Montefiore Home, Cleveland, O.

INCREASING AWARENESS of a growing old age problem presents the care of the aged as a new field in social work. One area in which study and research will have to lay the foundation for adequate service in this newly adapted branch, belongs the Home for the aged.

The old folks' Home, a descendant of the alms house, throughout the years has been perpetuated as the most commonly known and accepted type of old age care. Just as the orphanage of thirty years ago attracted professional interest, leading to the development of a sound child care program, so the Home for the aged of today serves as the nucleus for the development of adequate standards in the care of the aged.

Almost five years experience in this field in one of the oldest institutions in the country convinced the writer, whose methods and approach were guided by professional concepts, that the criterion of a sound program in the Home for the aged depends upon proper intake procedure. The following is an attempt to examine intake and intake policies in Homes of the aged in the light of past and present practice and to suggest principles of intake, intake policies, and intake procedures that may be considered an integral part of adequate care of the aged.

Prerequisites for Admission

In most instances, entrance into a private old age Home was, and still is, rigidly regulated. Admission procedure varies with the concepts of the founders of each institution, and admission policies are based on religious affiliation, sex, age, residence, physical and mental health, economic status and character. It was a generally accepted prerequisite that persons seeking admission to a Home for the aged must be "respectable, of good moral character and good reputation."¹ Most of the Homes still require references on this point, and "temperate habits" are a universal requirement. Most homes use an application blank as one of the main sources of investigation. Such a blank concerns itself with some identifying data, the reason for the application and foremostly with the financial circumstances of the applicant. Some Homes require information also about the client's health. Excerpts from the institution's by-laws are in some instances included in the application form, to familiarize the applicant with the rules and regulations, as well as with punishments and causes for dismissal.

1. Bulletin of the U.S. Bureau of Labor Statistics, No. 489, p. 19.