

**EXHIBIT 6 TO PLAN OF
ALLOCATION**

HESED

Questionnaire No:

Family name _____
First name, father's name _____
Date of birth _____ Date of data entry _____
I. D. number _____ Date of data change _____
Sex m / f Curator _____
Jew yes / no / righteous gentile/member of Jewish family

Client <
Volunteer <
Homecare <
Employee <

Status in the program:

- 1 Participates
- 3 Emigrated
- 5 Absent (reason unknown)
- 7 No longer works
- 20 Wants to volunteer
- 2 * Deceased
- 4 Temporarily left
- 6 Health condition
- 9 Refused to be served

Actual address of living:

Country _____
City _____ ZIP code _____
District _____
Street _____ House ___ Building ___ Apartment ___ Floor ___
Elevator < Intercom code _____
Transportation _____

Registration address:

City _____ ZIP code _____
Street _____ House ___ Building ___ Apartment ___
Notes: _____

With whom lives:

- 1 Alone/has no family/relatives
- 2 Lives alone
- 3 Lonely family (no relatives)
- 4 Family lives alone (has relatives)
- 5 Lives with family
- 6 Lives with roommate
- 22 Lives with spouse
- 23 Lives with children
- 24 Lives with children and others
- 25 Lives with other relatives
- 27 Lives with parents

Profession: _____

Relatives, contact persons:

Family name	Degree of relation (code)	Joint living apt / city	Telephone	Address	Contact person	No. of quest.
_____	_____	< <	_____	_____	<	_____
_____	_____	< <	_____	_____	<	_____

Degree of relation codes:

1 - parents	2 - spouse	3 - son/daughter	4 - brother/sister	5 - other relatives	6 - others (not relatives)
7 - grandmother/grandfather					

- Type of apartment:**
- 1 Detached
 - 2 Communal
 - 3 Private house
 - 4 Privatized apt
 - 10 Old age home
 - 11 Boarding school
 - 12 Hostel
 - 13 Hospital/sanitarium

- Condition of apartment:**
- 1 Good
 - 2 Satisfactory
 - 3 Poor

Number of rooms: _____

- Education:**
- 1 incomplete secondary
 - 2 secondary
 - 3 secondary technical
 - 4 incomplete academic
 - 4 academic
 - 10 primary

Disability: <

Category of disability: 1, 2, 3 Disability certificate verified? <

Type of disability: 1 due to health problems

- 2 WWII
- 3 work
- 4 childhood

Diabetes:

Currently uses insulin? <

Hearing ability: 1 Normal
2 Limited
3 Deaf

Currently uses a hearing aid? <

Eyesight: 1 Normal
2 Limited
3 Blind

Able to read? <

Able to watch TV? <

Currently uses spectacles? <

Left lens # _____

Right lens # _____

Health problems: (number of options)

- | | |
|---------------------------------------|------------------------------|
| 1 General condition | 2 Spine and bones |
| 3 Oncological | 4 Diabetes |
| 5 Cardiovascular | 6 Asthma |
| 7 Eyesight | 8 Epilepsy |
| 9 Deafness | 10 Urologicalal |
| 11 Psychiatric or neurological | 12 Stroke |
| 13 Hip fracture | 14 Peptic ulcer |
| 15 Cerebral paralyses | 16 Stoma |
| 17 Glaucoma | 18 Wound |
| 19 Gallstones disease, liver problems | 20 Hypertension |
| 21 Tuberculosis | 22 Injury |
| 23 Blindness | 24 Adenoma of prostate gland |
| 25 Allergy | 26 Skin diseases |
| 27 Blood diseases | 28 Gynecological diseases |
| 29 Kidney diseases | 30 Healthy |
| 31 Blood vessels diseases | 32 Endocrinological diseases |
| 33 Cataract | |

MOBILITY:

Necessary to deliver the package to the client's home? <

Extent of mobility: 1 able to walk
2 has difficulty walking
3 bedridden

Mobility at home: 1 independently
2 with difficulty
3 with the help of a chair
4 with a cane
5 with a walker
6 with crutches
7 in a wheelchair
8 with the help of handrails, holders

Is the client bedridden? < **Requires assistance**

If bedridden (number of options):

- 1 Sits up <
- 2 Rolls over <
- 3 Lowers feet onto the floor <
- 4 Uses a bed-pan <
- 5 Handles food <

Personal hygiene (number of options):

- 1 Washing up <
- 2 Cleaning teeth/dentures <
- 3 Bathing <

Eating (number of options):

- 1 Purchase of food products <
- 2 Cooking <
- 3 Warming food <
- 4 Eating <

Does require help in cleaning the apartment?

- 1 Daily cleaning <
- 2 Weekly cleaning
- 3 Major cleaning

Does require help in laundry?

- 1 Small items <
- 2 Large items
- 3 Sending laundry for washing

Social activities

(number of options):

1 visitors

- 2 phone calls
- 3 visits to friends
- 4 visits to "Warm Home"
- 5 visits to synagogue

Leisure activities

(number of options):

1 reading

- 2 watching television
- 3 radio
- 4 needlework/crafts

Help from other sources (choose relevant codes):

Helping Frequency	Helper's organization (code)	Degree of full name	Telephone relation (code)	Type of	Details	Quantity help (code)
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Organizations:

Codes of types of help:

- 1 Purchase of food
- 2 Cooking
- 3 Bathing
- 4 Material help -
- 5 Cleaning
- 6 Laundry
- 7 Food help
- 8 Purchase of medicines
- 9 Purchase of heating materials
- 10 Month packages
- 11 Packages for diabetics
- 12 Client provides help
- 13 Employee provides help
- 14 Volunteer provides help

Codes of frequency:

- 1 Daily
- 2 Twice a week
- 3 Once a week
- 4 Twice a month
- 5 Once a month
- 6 Onetime
- 7 Occasionally

Codes of degree of relation: 1 - parents 2 - spouse 3 - son/daughter 4 - brother/sister 5 - other relatives 6 - others (not relatives) 7 - grandmother/grandfather

Pension:

Type of pension (codes)	Category	Amount
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Codes of type of pension:

1 - old age, 2 - disability, 3 - WWII veteran, 4 - dependents, 5 - social, 6 - partial, 7 - following work in hazardous conditions, 8 - Afghan War veteran, 9 - family of fallen serviceman, 10 - mother of large family (more than 5 children), 11 - mother of a disabled child, 12 - other

Amount of pension _____ on _____ Pension documents verified? <

Amount of rent _____ Rent documents verified? < Does the client work? <

Amount of salary _____ Salary documents verified? <

World War II:

Place of residence on the moment of the beginning of the war:

Participation in the war:

(number of options, choose all appropriate options)

1 War veteran

3 Concentration camp prisoner

5 Labor camp prisoner

7 Lived under occupation

21 Was in the rear

30 None of the options

2 Resident of Leningrad during the blockade

3 Ghetto prisoner

6 Was evacuated

7 Place of residence in 1941 was occupied

22 Widow of a fallen serviceman

Participated in combat action <

Participated in WWII (equated status) <

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**CLAIMS CONFERENCE HOLOCAUST SURVIVOR EMERGENCY ASSISTANCE
PROGRAM PARTICIPATING AGENCIES**

ARIZONA

Jewish Family Services of Tuscon
Tuscon, Arizona

CALIFORNIA

Jewish Family and Children's Services of the East Bay
Berkeley, California

Jewish Family and Children's Services of Long Beach
Long Beach, California

Jewish Family Services of Los Angeles
Los Angeles, California

Jewish Family Services of Orange County
Costa Mesa, California

Jewish Family Services of Palm Springs and Desert Area
Palm Springs, California

Jewish Family Services of San Diego
San Diego, California

Jewish Family and Children's Services of San Francisco
San Francisco, California

Jewish Family Services of Santa Clara County
Los Gatos, California

COLORADO

Jewish Family Services of Colorado
Denver, Colorado

CONNECTICUT

Jewish Family Services of Greater Hartford
West Hartford, Connecticut
(Available statewide)

FLORIDA

Gulf Coast Jewish Family Services
Clearwater, Florida

Jewish Family and Children's Services of West Palm Beach
West Palm Beach, Florida

Jewish Family Services of Broward County
Plantation, Florida

Jewish Family Services of Greater Miami
Miami, Florida

**CLAIMS CONFERENCE HOLOCAUST SURVIVOR EMERGENCY ASSISTANCE
PROGRAM PARTICIPATING AGENCIES**

Jewish Family Services of South Palm Beach County
Boca Raton, Florida

GEORGIA

Jewish Family Services of Atlanta
Atlanta, Georgia

ILLINOIS

Jewish Family and Community Services of Chicago
Chicago, Illinois

MASSACHUSETTS

Jewish Family and Children's Services of Greater Boston
Boston, Massachusetts

Jewish Family Services of Metrowest
Framingham, Massachusetts

Jewish Family Services of the North Shore
Salem, Massachusetts

MARYLAND

Jewish Family Services of Baltimore
Baltimore, Maryland

Jewish Social Services Agency
Rockville, Maryland

MICHIGAN

Jewish Family Services of Detroit
Southfield, Michigan

MINNESOTA

Jewish Family and Children's Services of Minneapolis
Minnetonka, Minnesota

NEW JERSEY

Association of Jewish Family Services Agencies of New Jersey
Elizabeth, New Jersey (lead agency)

Jewish Family Services of Atlantic and Cape May Counties
Ventnor, New Jersey

Jewish Family Services of Bergen County
Teaneck, New Jersey

Jewish Family Services Division of the Jewish Federation of Greater
Clifton-Passaic
Clifton, New Jersey

Jewish Family and Children Services of Greater Mercer County
Princeton, New Jersey

**CLAIMS CONFERENCE HOLOCAUST SURVIVOR EMERGENCY ASSISTANCE
PROGRAM PARTICIPATING AGENCIES**

Jewish Family and Children Services of Jersey City, Bayonne & Hoboken
Bayonne, New Jersey

Jewish Family Services of Metro West
Florham Park, New Jersey

Jewish Family Services of Middlesex County
Edison, New Jersey

Jewish Family Services of Monmouth County
Asbury Park, New Jersey

Jewish Family Services of North Jersey
Wayne, New Jersey

Jewish Family and Children Services of the Ocean County Jewish Federation
Lakewood, New Jersey

Jewish Family Services of Somerset, Hunterdon & Warren Counties
Somerville, New Jersey

Jewish Family Services of Southern Middlesex County
East Brunswick, New Jersey

Jewish Family and Children Services of Southern New Jersey
Cherry Hill, New Jersey

NEW MEXICO
Jewish Family Services of Greater Albuquerque
Albuquerque, New Mexico

NEVADA
Jewish Family Services Agency
Las Vegas, Nevada

NEW YORK
Guardians of the Sick Alliance
Brooklyn, New York

Jewish Family Services of Rochester
Rochester, New York

Metropolitan Council on Jewish Poverty
New York, New York

Selfhelp Community Services
New York, New York

OHIO
Jewish Family Services Association of Cleveland
Beachwood, Ohio

**CLAIMS CONFERENCE HOLOCAUST SURVIVOR EMERGENCY ASSISTANCE
PROGRAM PARTICIPATING AGENCIES**

Jewish Family Services
Cincinnati, Ohio

Jewish Family Services
Columbus, Ohio

OREGON

Jewish Family and Child Services of Portland
Portland, Oregon

PENNSYLVANIA

Jewish Family and Children's Services of Philadelphia
Philadelphia, Pennsylvania

Jewish Family Services of Greater Harrisburg
Harrisburg, Pennsylvania

Jewish Family Services of Lackawanna County
Scranton, Pennsylvania

Jewish Family and Children's Services of Pittsburgh
Pittsburgh, Pennsylvania

TEXAS

Jewish Family Services of Greater Dallas
Dallas, Texas

Jewish Family and Children's Services of El Paso
El Paso, Texas

Jewish Family Services of Houston
Houston, Texas

UTAH

Jewish Family Services of Salt Lake City
Salt Lake City, Utah

VIRGINIA

Jewish Family Services of Tidewater
Norfolk, Virginia

WASHINGTON

Jewish Family Services of Seattle
Seattle, Washington

WISCONSIN

Jewish Family Services of Milwaukee
Milwaukee, Wisconsin

**CLAIMS CONFERENCE HOLOCAUST SURVIVOR EMERGENCY ASSISTANCE
PROGRAM PARTICIPATING AGENCIES**

CANADA

Cummings Jewish Center for Seniors
Montreal, Quebec

Jewish Child and Family Services
Winnipeg, Manitoba

Jewish Family and Child Services
Toronto, Ontario

Covering all areas without a specific participating agency
Blue Card
New York, New York

**EXHIBIT 6 TO PLAN OF
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Proposed Schedule of Disbursements for Assistance to
Needy Jewish Victims of Nazi Persecution

For programs in:

<u>Year</u>	<u>FSU</u>	<u>Israel</u>	<u>Rest of the World</u>	<u>Total:</u>
Year 1	\$7,500,000	\$1,250,000	\$1,250,000	\$10,000,000
Year 2	\$7,500,000	\$1,250,000	\$1,250,000	\$10,000,000
Year 3	\$7,500,000	\$1,250,000	\$1,250,000	\$10,000,000
Year 4	\$6,750,000	\$1,125,000	\$1,125,000	\$9,000,000
Year 5	\$6,750,000	\$1,125,000	\$1,125,000	\$9,000,000
Year 6	\$6,750,000	\$1,125,000	\$1,125,000	\$9,000,000
Year 7	\$6,750,000	\$1,125,000	\$1,125,000	\$9,000,000
Year 8	\$6,000,000	\$1,000,000	\$1,000,000	\$8,000,000
Year 9	\$6,000,000	\$1,000,000	\$1,000,000	\$8,000,000
Year 10	\$6,000,000	\$1,000,000	\$1,000,000	\$8,000,000
				\$90,000,000