



**COLLEGE MANOR
EXTENDED FAMILY
ASSISTED LIVING**

REQUESTS FOR SERVICES AT TIME OF ADMISSION

Resident Name: _____ Date of Admit: _____

Service	Frequency - indicate own or CM	Approve
Hairdresser		
Personal Laundry		
Sunpapers newspaper		
Incontinence Service		
Wifi call bell	\$30 initial charge only	
Transportation		
Satellite TV	Must purchase box then pay \$15/month	
Phone	POA must make arrangements with Verizon	
Pharmacy	Prefer Ruxton Pharmacy- they must package meds if obtained elsewhere unless bubblepacked	
Toiletries/incidentals		
Transportation/escort		
Private sitter		
Medical Equipment		
Wound Care Supplies		
PT/OT/Speech therapy		
Oxygen		
Outside professional service at CM	Podiatry Optometry	
Labwork		
Medical/therapy appointment keeping		
Furnishings supplied by us		

Key:

Charge on College Manor bill
Vendor to bill
Vendor to charge Medicare and bill the copay
No charge

Sign for individual services or all services _____ Date _____

