



# Application & Personal Information

300 West Seminary Avenue  
Lutherville, MD 21093 – 5395

Tel: (443) 652-4061

Fax: (410) 561-5095

Email: [rmr@collegemanor.com](mailto:rmr@collegemanor.com)

*Kindly complete this application and return to College Manor*

## BASIC INFORMATION

Applicant's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Present Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Male  Female  Marital Status: M  W  S  D  Veteran: YES  or NO  Veteran#: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_ Birthplace: \_\_\_\_\_ SSN#: \_\_\_\_\_

Occupation Prior to Retirement: \_\_\_\_\_ Interests & Hobbies: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

## INSURANCE INFORMATION

Primary Insurance: \_\_\_\_\_ Account #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_ Account #: \_\_\_\_\_

Prescription Card: \_\_\_\_\_ Account#: \_\_\_\_\_ RxBIN: \_\_\_\_\_ RxPCN: \_\_\_\_\_ RxGRP: \_\_\_\_\_

## MEDICAL DIRECTIVES (check if the applicant has any of the following)

None  Durable Power for Health Care  Living Will  MOLST

## FUNERAL HOME

Name: \_\_\_\_\_ Office #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Address: \_\_\_\_\_

## CURRENT PHYSICIAN

Name: \_\_\_\_\_ Office #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

## RESPONSIBLE PARTY FOR MEDICAL DECISIONS

Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## RESPONSIBLE PARTY FOR FINANCES

Name: \_\_\_\_\_ Relation to Applicant: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_ Secondary Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## EMERGENCY CONTACTS:

Priority 1/Name: \_\_\_\_\_ Email: \_\_\_\_\_ Primary Phone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Priority 2/Name: \_\_\_\_\_ Email: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Priority 3/Name: \_\_\_\_\_ Email: \_\_\_\_\_ Primary Phone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_