



Application & Personal Information

300 West Seminary Avenue
Lutherville, MD 21093 – 5395

Tel: (443) 652-4061

Fax: (410) 561-5095

Email: rmr@collegemanor.com

Kindly complete this application and return to College Manor Admissions

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 Advance Directive

FUNERAL HOME

Name: _____ Office #: _____ - _____ - _____ Address: _____

CURRENT PHYSICIAN

Name: _____ Office #: _____ - _____ - _____ Fax #: _____ - _____ - _____

Address: _____ Needs New Physician? YES NO

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 #: _____ - _____ - _____