



# APPLICATION FOR RESIDENCY

1 Colgate Drive  
Forest Hill, MD 21050

## PERSONAL INFORMATION

Date: \_\_\_\_\_

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Date of Birth Social Security # Marital Status

## DESIGNATED PERSON

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
Street Address Phone

\_\_\_\_\_  
City State Zip Email

Provide Copy of Power of Attorney YES \_\_\_\_\_ NO \_\_\_\_\_ Copy for Resident File? \_\_\_\_\_  
Provide Advanced Directives YES \_\_\_\_\_ NO \_\_\_\_\_ Copy for Resident File? \_\_\_\_\_  
Provide Living Will YES \_\_\_\_\_ NO \_\_\_\_\_ Copy for Resident File? \_\_\_\_\_

## OTHER PERSONS to CONTACT in event of Emergency

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
Street Address Phone

\_\_\_\_\_  
City State Zip Email

\_\_\_\_\_  
Last Name First Name Relationship

\_\_\_\_\_  
Street Address Phone

\_\_\_\_\_  
City State Zip Email

\*\*\* In the event someone other than the **DESIGNATED PERSON** is **priority** contact, indicate in margin.

**PRIMARY PHYSICIAN**

\_\_\_\_\_  
Name Phone \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip \_\_\_\_\_

**SECONDARY PHYSICIAN**

\_\_\_\_\_  
Name Phone \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip \_\_\_\_\_

**DENTIST**

\_\_\_\_\_  
Name Phone \_\_\_\_\_

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip \_\_\_\_\_

Is prospective resident currently in hospital or nursing home? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does prospective resident have health insurance? YES \_\_\_\_\_ NO \_\_\_\_\_

Carrier \_\_\_\_\_ Policy # \_\_\_\_\_  
 Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Please provide copies of insurance cards.

Medicare \_\_\_\_\_

Who referred you to Forest Hill Heights? \_\_\_\_\_

Does prospective resident own an automobile? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Does prospective resident plan to maintain vehicle at Forest Hill Heights? YES \_\_\_\_\_ NO \_\_\_\_\_  
 Did prospective resident and/or spouse serve in the US military? YES \_\_\_\_\_ NO \_\_\_\_\_

Religion / Spiritual Preference \_\_\_\_\_

Funeral Home for concluding arrangements \_\_\_\_\_

Person(s) to Claim Body \_\_\_\_\_

\_\_\_\_\_  
Signature of Individual Completing Application Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Forest Hill Heights Representative Date \_\_\_\_\_