



Sandhills Care Center

Sandhills Care Center
143 N Fullerton
Ainsworth NE 69210
Phone: (402) 387-1294
Fax: (402) 382-3536
sandhillscarecenter.com

Resident Inquiry Application

Please complete this information and return it to 143 N Fullerton Ainsworth NE 69210

or email us at info@sandhillscarecenter.com

Applicant's Information

Name _____
Last First Middle

Present Address _____ Home Phone _____
Street City State Zip Code

Permanent Address _____ Cell Phone _____
Street City State Zip Code

E-mail Address _____ Other Contact Number _____

Date of Birth: _____ Age: _____ Marital Status: Married Single Widow

Admission Information

Admission anticipated from: Home Other _____

Name of other facility (if applicable): _____

Date requested for admission: _____

How would applicant anticipate paying for his/her care? Medicaid Eligible: Yes No

If no, please explain payment method: _____

Contact Information

Name _____
Last First Middle

Present Address _____ Home Phone _____
Street City State Zip Code

Permanent Address _____ Cell Phone _____
Street City State Zip Code

E-mail Address _____ Other Contact Number _____

Are you a Power Of Attorney, Conservator, or Guardian for the applicant? Yes No