



Glen Haven Village
302 6th St.
Glenwood, IA 51534
Phone: (712) 527-3101
Fax: (712) 527-4063
glenhavenvillage.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 (Street, City, State, Zip Code), Home Phone, Permanent Address (Street, City, State, Zip Code), Cell Phone, 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 (Street, City, State, Zip Code), Home Phone, Permanent Address (Street, City, State, Zip Code), Cell Phone, E-mail Address, Other Contact Number, Are you a Power Of Attorney, Conservator, or Guardian for the applicant? (Yes, No)