



Resident Inquiry Application

"Our Family Helping Your Family"

JOIN OUR COMMUNITY

Please complete this information and return it to us at:
1203 E Hynes • O'Neill, NE 68763
administrator@countrylaneretirement.com
Fax: (402) 261-3963 Phone: (402) 500-0568

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