



OGLALA SIOUX LAKOTA NURSING HOME

Management Company
Native American Health Management
1919 South 40th Street, Suite 302
Lincoln, NE 68506
Phone: (402) 805-4582
Fax: (402) 261-3963
www.oslnh.com

Resident Inquiry Application

Please complete this information and return it to 1919 S 40th St., Suite 302 Lincoln, NE 68506
or email us at info@oslnh.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: Marred Single Widow

Admission Information

Are you affiliated with any Tribe? Yes No If so which one? _____

Admission anticipated from: Home Other _____

Name of other facility (if applicable): _____

Date requested for admission: _____

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

If no, please explain payment method: _____

Contact Information

Do you hold one of these responsibilities Hold a POA Conservatory Guardianship

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 _____

**WE ANTICIPATE THAT THE OSLNH WILL BEGIN ADMITTING RESIDENTS IN MARCH OR APRIL, 2016.
WE WILL CONTACT YOU IN ADVANCE OF THE OPENING DATE. THANK YOU FOR CONSIDERING THE
OGLALA SIOUX LAKOTA NURSING HOME.**