

APPLICATION FOR AREA NURSING HOMES

Date of Application:	_____ Male _____ Female
Which list do you want to be on? _____ Active list _____ Inactive list	Pre-admission screening completed? YES NO If so, which state? ND MN
Applicant Name:	Birthdate:
Present address:	Telephone:
Physician:	Last hospital stay:
COMMENTS: Include a brief description of why nursing home placement is needed.	
CONTACTS:	
Person to contact regarding this application and/or room openings:	
Name _____	Relationship _____
Address _____	Home phone _____
City _____ State _____ Zip _____	Work phone _____
	Other phone _____
Alternate contact:	
Name _____	Relationship _____
Address _____	Home phone _____
City _____ State _____ Zip _____	Work phone _____
	Other phone _____

*Bethany Home
Fargo, ND
Fax: 701-239-3237*

*Elim Care Center
Fargo, ND
Fax: 701-271-1846*

*Eventide
Moorhead, MN
Fax: 218-233-9691*

*ManorCare
Fargo, ND
Fax: 701-237-4296*

*Moorhead Health Care
Moorhead, MN
Fax: 218-233-8307*

*Rosewood on Broadway
Fargo, ND
Fax: 701-277-7989*

*Villa Maria
Fargo, ND
Fax: 701-293-5845*

*Arthur Good Samaritan
Arthur, ND
Fax: 701-967-8961*

*Barnesville Care Center
Barnesville, MN
Fax: 218-354-2153*

*St. Francis
Breckenridge, MN
Fax: 218-643-7655*

*Emmanuel Community
Detroit Lakes, MN
Fax: 218-847-4488*

*Hillcrest Manor
Enderlin, ND
701-437-3816*

*Broen Memorial Home
Fergus Falls, MN
Fax: 218-736-5443*

*Frazee Care Center
Frazee, MN
Fax: 218-334-4500*

*Lutheran Memorial
Halstad, MN
Fax: 218-456-2290*

*Hillsboro Medical Center
Hillsboro, ND
Fax: 701-436-3206*

*Sunnyside
Lake Park, MN
Fax: 218-238-6854*

*Luther Memorial
Mayville, ND
Fax: 701-786-9022*

*Good Samaritan
Pelican Rapids, MN
Fax: 218-863-5049*

*Pelican Valley Health
Pelican Rapids, MN
Fax: 218-863-5255*

*Lutheran Memorial
Twin Valley, MN
Fax: 218-584-5304*

*Viking Manor
Ulen, MN
Fax: 218-596-8847*

*Sheyenne Care Center
Valley City, ND
Fax: 701-845-8270*

*St. Catherine's
Wahpeton, ND
Fax: 701-642-2485*

*Tri County Nursing Home
Hatton, ND
Fax: 701-543-4059*