State of Illinois
Department of Human Services

Application for Admission to an SODC

Please Print

Person Completing this Document: _____

☐ I am the person seeking admission and am 18 or older.

☐ I am the court-appointed guardian of the person with a developmental disability.

☐ I am the parent, guardian, or person in loco parentis for the person with a developmental disability who is under 18 years old.

☐ I am an employee of an Agency.

if admitted:

TYPE OF ADMISSION:

☐ Emergency ☐ Diagnostic ☐ Temporary ☐ Administrative *(NOT TO EXCEED ONE YEAR)*

on: _____ (date) by: _____ SODC Director

Employer/Title: _____

Network and Name of Network Facilitator: _____

Phone Number: _____ Date: _____

Name of PAS Agency: _____ / Contact Person: _____

Person's Name: _____ Birthdate: _____ Age: _____

Sex: ☐ M ☐ F SS#: _____ DHS ID #: _____

HFS RIN #: _____

In case of emergency, or if notice of restriction of any of my rights should be sent, I designate the following person(s) to receive such notice:

Name: _____ Address: _____

Name: _____ Address: _____

I explained the rights on the last page of this form and I also gave a copy of this form to the client (12 or older) and to the applicant. I also gave to him/her a copy of Rights of Receipients and explained those rights.

Mental Health Diagnosis, If Applicable: _____

IQ: _____ Full DD Diagnoses: _____ N/A: _____

Level of MR: _____ Language Spoken/Understood: _____

Is this person a registered sex offender: ☐ Yes ☐ No If yes, date of registration: _____

Describe any other criminal history: _____

Communication Devices: _____

Describe behavior/conditions/circumstances that necessitates admission:

Referring Agency's criteria for person returning to their program:

Signature _____ Date _____ Agency _____

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Names of Primary Physician, Neurologist, Psychiatrist, etc. prior to this admission:

What is the person's present home (specify family home as applicable). Specify agency that operates program and type of program:

Agency Executive Director: _____

Contact person for this case: _____

Is the person currently in a hospital or psychiatric facility? ☐ Yes ☐ No

Date of Admission: _____

Name of hospital, city, phone number, contact person: _____

Has SODC technical assistance been provided? ☐ Yes ☐ No

If yes, name of SODC and date of most recent TA: _____

Type of Guardianship? ☐ Plenary ☐ Limited ☐ Off the Person ☐ Of the Estate

Indicate Relationship of Guardian: ☐ Mother ☐ Father ☐ OSG ☐ Sibling ☐ Other

Name and Phone number of Guardian: _____

If OSG is guardian, are there interested family members? ☐ Yes ☐ No

If yes, name and phone number: _____

Ambulation status: _____

Does this person use adaptive mobility equipment? ☐ Yes ☐ No

If yes, what equipment: _____

Does this person present any signitificant health issues? ☐ Yes ☐ No

If yes, please indicate (include items such as Chronic Conditions, Current Acute Conditions, Allergies, Etc.)

List all Medications (including current dosage):

Name of Medication	Dosage	Reason

Indicate last time any medications given and provide a copy of the Medication Administration Record?

Provide Immunization Information, if available: _____

Please Provide Diet and Consistency and Eating Precautions (if any):

Does this person require Adult Incontinent Briefs? ☐ Yes ☐ No

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Will this person be bringing personal effects with them to the SODC? ☐ Yes ☐ No

If No, indicate how any personal effects will be sent to the SODC and projected date: _____

If Yes, indicate items (such as any medication, personal money amount, clothing items, eye glasses, hearing aids, contact lenses, dentures, etc.) which will be brought upon admission:

Does this person have friends with whom he/she would like to remain in contact? ☐ Yes ☐ No

If Yes, please identify names/addresses/phone numbers:

PLACEMENT HISTORY STARTING WITH MOST RECENT

AGENCY/TYPE OF PROGRAM/HOSPITAL	FROM: (MO. AND YR.)	TO: (MO. AND YR.)
Current:		Present:

Has the person been reviewed by the Network Clinical and Administrative Review Team (CART)? ☐ Yes ☐ No

If yes, specify what date(s) the base was reviewed: _____

If no, please explain: _____

Briefly list the considerations offered during the CART process, whether or not these considerations were implemented, and what the results were: If no why not?

Signature and Title: _____ Date: _____

Please attach social history, behavior program, psychiatric/psychological assessment, guardianship order and any other pertinent material.

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LEGAL RIGHTS

YOU SHOULD KNOW THAT:

AN INDIVIDUAL 12 OR OLDER, OR ANY INTERESTED PERSON ON BEHALF OF AN INDIVIDUAL, MAY OBJECT TO AN ADMISSION. THE OBJECTION MAY BE MADE ANY TIME FOLLOWING THE INDIVIDUAL'S ADMISSION. IF MUST BE SUBMITTED IN WRITING TO THE STATE OPERATED DEVELOPMENTAL CENTER (SODC) DIRECTOR.

IF THE SODC DIRECTOR RECEIVES A WRITTEN OBJECTION TO ADMISSION, THE DIRECTOR MUST PETITION A CIRCUIT COURT WITHIN 5 DAYS, EXCLUDING SATURDAYS, SUNDAYS AND HOLIDAYS. THE SODC DIRECTOR MUST FILE THE INDIVIDUAL'S DIAGNOSTIC EVALUATION AND CURRENT HABILITATION PLAN WITH THE COURT. THE COURT WILL THEN HOLD A HEARING WITHIN 5 DAYS, EXCLUDING SATURDAYS, SUNDAYS, AND HOLIDAYS. THE COURT WILL DECIDE WHETHER THE INDIVIDUAL SHOULD REMAIN AT THE SODC, BE DISCHARGED, OR GO ELSEWHERE.

IF A COURT HEARING IS SCHEDULED, THESE PERSONS WILL BE NOTIFIED OF ITS TIME AND PLACE: THE INDIVIDUAL, INDIVIDUAL'S ATTORNEY, OBJECTOR, APPLICANT, AND THE SODC DIRECTOR.

THE COURT MUST DISAPPROVE THE INDIVIDUAL'S ADMISSION IF: (1) THE INDIVIDUAL DOES NOT HAVE A DEVELOPMENTAL DISABILITY; (2) THE INDIVIDUAL DOES NOT NEED THE SODC'S SERVICES; OR (3) A LESS RESTRICTIVE LOCATION IS APPROPRIATE FOR THE INDIVIDUAL.

IMPORTANT NOTICE TO THE APPLICANT:

REQUEST FOR DISCHARGE

YOU MAY REQUEST THAT THE SODC DIRECTOR DISCHARGE THE INDIVIDUAL YOU MAY MAKE THE REQUEST AT ANY TIME. IF YOU DO SO, YOU SHOULD PUT YOUR REQUEST IN WRITING, THE SODC DIRECTOR MUST DISCHARGE THE INDIVIDUAL WITHIN 3 DAYS AFTER RECEIVING THE REQUEST.

INDIVIDUALS WHO HAVE A DEVELOPMENTAL DISABILITY HAVE NUMEROUS IMPORTANT RIGHTS NOT MENTIONED ON THIS PAGE. ON ADMISSION, EVERY INDIVIDUAL 12 YEARS OF AGE OR OLDER MUST RECEIVE A COPY OF "RIGHTS AND RECIPIENTS." A COPY OF "RIGHTS OF RECIPIENT" MUST ALSO BE PROVIDED TO THE PARENT OR GUARDIAN OF ANY INDIVIDUAL UNDER 18 OR ANY INDIVIDUAL WHO HAS A COURT - APPOINTED GAURDIAN.

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