

Notice of Denial of Admission To A State-Operated Center and Right to Request Review

To: _____

You are hereby notified that _____ was denied admission as a _____
(individual) (specify type of admission)

admission to the _____ on _____
(Center) (month/day/year)

I certify that I mailed delivered a copy of this notice in English Spanish Other Specify: _____

to the person(s) identified above on _____
(month/day/year)

Printed Name: _____ Title: _____

Signature: _____ For Center Director: _____

PLEASE READ CAREFULLY THE INFORMATION CONTAINED BELOW. IT DESCRIBES THE RIGHTS OF BOTH THE INDIVIDUAL AND YOURSELF REGARDING THIS DENIAL OF ADMISSION.

WHO HAS THE RIGHT TO REQUEST A REVIEW

MH Center: Adult-An individual seeking admission may request, or with the individual's consent, an interested person on the individual's behalf may seek a request for a review.

Minor-The person (if 16 years of age or older) may request a review of the minor's attorney, parent, guardian or person in loco parentis

DD Center: The individual who executed the application for admission may request a review, or the attorney or guardian may request a review.

EXPLANATION OF HOW TO OBJECT TO DENIAL OR ADMISSION

Send a written and signed request for a review of denial of admission to the center director of the center to which admission was sought within 14 days of the denial. Upon receipt, the center director will schedule a hearing to be held at the center within 7 days.

The hearing takes place before a special committee of professional staff. The hearing is informal and you may bring persons to make statements and present facts on your behalf.

the committee will send its recommendations to the center director, who will notify you of his or her decision, within 7 days. If you do not agree with the decision you may ask the Secretary of the Department of Human Services to review it.

A copy of this form shall be retained by the center (per center procedure)

IMPORTANT INFORMATION IS ON THE BACK OF THIS FORM

RETURN TO CENTER DIRECTOR

The application for admission of _____ to _____
(individual's name) (name of center)

and denied on (date) _____

I hereby request a review of this denial.

Name of Requestor: _____ Relationship to Individual: _____

Signature of Requestor: _____ Date: _____

Notice of Denial of Admission To A State-Operated Center and Right to Request Review

A Guardianship and Advocacy Commission is a state agency consisting of three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission is located at the following addresses:

East Central Regional Office

2125 S. First Street
Champaign, IL 61820
Phone: (217) 278-5577
Fax: (217) 278-5588
TTY: (866) 333-3362

Peoria Regional Office

401 N. Main Street, Suite 620
Peoria, IL 61602
Phone: (309) 671-3030
Fax: (309) 671-3060
TTY: (866) 333-3362

Rockford Regional Office

4302 N. Main Street, Suite 108
Rockford, IL 61103
Phone: (815) 987-7657
Fax: (815) 987-7227
TTY: (866) 333-3362

Egyptian Regional Office

#7 Cottage Drive
Anna, Illinois 62906-1669
Phone: (618) 833-4897
Fax: (618) 833-5219
TTY: (866) 333-3362

West Suburban Regional Office

Madden Mental Health Center
1200 S. First Street, P.O. Box 7009
Hines, IL 60141
Phone: (708) 338-7500
Fax: (708) 338-7505
TTY: (866) 333-3362

Metro East Regional Office

Holly Bldg., 4500 College
Suite 100
Alton, IL 62002
Phone: (618) 474-5503
Fax: (618) 474-5517
TTY: (866) 333-3362

North Suburban Regional Office

9511 Harrison Avenue
Des Plaines, Illinois 60016
Phone: (847) 294-4264
Fax: (847) 294-4263
TTY: (866) 333-3362

Chicago Regional Office

160 N. La Salle Street
Suite S500
Chicago, IL 60601
Phone: (312) 793-5900
Fax: (312) 793-4311
TTY: (866) 333-3362

Springfield Regional Office

521 Stratton Building
401 S. Spring Street
Springfield, IL 62706
Phone: (217) 785-1540
Fax: (217) 524-0088
TTY: (866) 333-3362

Equip for Equality, Inc. is an independent, not-for-profit organization that administers the federal protection and advocacy system to people with disabilities in Illinois. Equip for Equality, Inc., provides self-advocacy assistance, legal services, education, public policy advocacy, and abuse investigations. The offices are located at:

Main/Chicago Office

20 N. Michigan, Ste 300
Chicago, Illinois 60602
(800) 537-2632 or
(312) 341-0022
TTY: (800) 610-2779
Fax: (312) 541-7544

Central Illinois

1 West Old Capitol Plaza, Suite 816
Springfield, IL 62701
(217) 544-0464
(800) 758-0464
TTY: (800) 610-2779
Fax: (217) 523-0720

Northwestern Illinois

1515 Fifth Avenue, Suite 420
Moline, IL 61265
(309) 786-6868
(800) 758-6869
TTY: (800) 610-2779
Fax: (309) 797-8710

Southern Illinois

300 E. Main Street, Suite 18
Carbondale, IL 62901
(618) 457-7930
(800) 758-0559
TTY: (800) 610-2779
Fax: (618) 457-7985

Website: www.equipforequality.org