Ref.: 405 ILCS 5/3-400 and 5/3-502

State of Illinois

APPLICATION FOR VOLUNTARY ADMISSION

Facility: _____ Date of application: _____

Name of Admittee: _____ Date of Birth: _____ Last 4 digits SSN: _____

Address: _____

(street) (city) (county) (state) (zip)

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

☐ I am an interested person, 18 or older, who seeks admission for the person named above at his or her request.

☐ I am a minor, 16 or older, I understand that my parent, guardian, or person in local parentis shall be immediately notified.

I designate the following person(s) to be notified:

☐ of my admission ☐ whenever my rights are restricted ☐ wish no one notified

Name: _____ Address: _____

Name: _____ Address: _____

I have been informed of the "RIGHTS OF VOLUNTARY ADMITTEE" as explained on the second page. I have been given a copy of the "RIGHTS OF INDIVIDUALS" which states in detail my rights as an individual receiving services. I understand that a copy of this form will be given to me on admission. I further understand that a copy of this form will be given to anyone who accompanied me and to any parent, guardian, relative, or attorney whom I indicate.

If admitted, I (the individual) shall follow the rules and regulations of the facility. I understand that the facility may discharge me (the recipient) at any time that I am deemed clinically suitable for discharge.

_____ _____

Signature: Admittee or interested person at the request of person seeking admission Age ☐ Check here if admittee seeks and indicates acceptance of voluntary admission. BUT refuses to sign form.

_____ _____

Relationship to admittee Witness

_____

Witness

I certify that the individual is not clinically suitable for informal admission for the following reasons:

I certify the following: that the above person has been examined and is considered clinically suitable for voluntary admission, that the individual has the capacity to consent to voluntary admission, that he/she is able to understand that he/she is being admitted to a mental health facility and that he/she may request discharge at any time by placing the request in writing and that the discharge is not automatic, and that he/she understands that within 5 business days of receiving the written request for discharge the facility must either discharge or initiate civil commitment proceedings.

I explained the rights on the back of this form and will give the person a copy of this form in

☐ English ☐ Spanish ☐ Other (specify): _____ .

I will also provide a copy of the form to anyone the person designates (parent, guardian, relative, attorney, or friend who accompanied him/her). And, if the person is a minor, 16 or older, I will notify the parent, guardian or person in loco parentis. I have also provided the person with a copy of the "RIGHTS OF INDIVIDUALS". I witnessed the signature and verified the individual's consent if this application was signed by an interested person. The individual was admitted or signed voluntary on:

_____ , _____ , at _____

(date) (year) (time)

Employee's signature: _____ Title: _____

(name)

For Facility Director: _____

Rights of Voluntary Admittee

* You have the the right to request discharge from this facility. Your request must be in writing.

* After you give your request, the facility must discharge you at the earliest appropriate time. This time may never exceed 5 days, excluding Saturdays, Sundays, and holidays, unless it is expected that you are likely to inflict serious physical harm on yourself or others in the near future.

* If the facility director believes you are likely to harm yourself or others, he/she must file a petition and 2 certificates with the court within the same 5-day period. You will then have a hearing in court and the court will determine if you must remain at the facility.

* You will have the right to withdraw your request to be discharged if you should decide to remain at the facility. Thirty days after your admission, if you have not been discharged, the facility director will determine whether you need further hospitalization. If the facility director determines you should remain, he/she or his/her designee will consult with you. If you do not agree to stay, your statement will be considered a request for discharge (as above). Every 60 days thereafter the facility director will review your record and consult with you.

* As a general rule you do not lose any of the legal rights, benefits, or privileges simply because you have been admitted to a mental health facility (see your copy of the "Rights of Individuals"). However, you should know that persons admitted to mental health facilities will be disqualified from obtaining firearm owner's identification cards, or may lose such cards obtained prior to admission.

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

Peoria Regional Office
401 N. Main Street, Suite 620
Peoria, IL 61602
Phone: (309) 671-3030
Fax: (309) 671-3060

Rockford Regional Office
4302 N. Main Street, Suite 108
Rockford, IL 61103
Phone: (815) 987-7657
Fax: (815) 987-7227

Egyptian Regional Office
47 Cottage Drive
Anna, Illinois 62906-1669
Phone: (618) 833-4897
Fax: (618) 833-5219

West Suburban Regional Office
Madden Mental Health Center
1200 S. First Avenue, P.O. Box 7009
Hines, IL 60141
Phone: (708) 338-7500
Fax: (708) 338-7505

Metro East Regional Office
Holly Bldg., 4500 College
Suite 100
Alton, IL 62002
Phone: (618) 474-5503
Fax: (618) 474-5517

North Suburban Regional Office
9511 Harrison Avenue
Des Plaines, Illinois 60016
Phone: (847) 294-4264
Fax: (847) 294-4263

Chicago Regional Office
160 N. La Salle Street
Suite S500
Chicago, IL 60601
Phone: (312) 793-5900
Fax: (312) 793-4311

Springfield Regional Office
521 Stratton Building
401 S. Spring Street
Springfield, IL 62706
Phone: (217) 785-1540
Fax: (217) 524-0088

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) 341-0295

Central Illinois
1 West Old Capitol Plaza, Suite 816
Springfield, IL 62701O Box 276
(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