Ref.:405 ILCS 5/3-503 and 3-504

APPLICATION BY AN ADULT FOR ADMISSION OF A MINOR TO A STATE-OPERATED CENTER

Printed Name of Minor: _____ Date of Birth: _____

Minor's Complete Address: _____

Name of Parent, Guardian or Person in Loco Parentis: _____

Applicant's Complete Address: _____

Telephone: _____

I hereby request that this center admit and provide inpatient services to: _____
(Printed Name of Minor)

Date: _____ Signature: _____ Relationship to Minor: _____

If the applicant is NOT the parent, guardian or person in loco parentis of the minor he or she must certify, by signing below, that he or she believes that the minor is in such condition that immediate hospitalization is necessary and has made diligent but unsuccessful effort to locate the minor's parent, guardian, or person in loco parentis, or the parents or guardian refused to sign the application.

Signature: _____

The minor was:

☐ admitted; or
☐ denied admission

on _____ , _____ at _____ M.
(date) (year) (time)

Signed: _____ Title: _____

Center Director: _____

I have explained the rights contained on the back of this form to the person executing this application and to the minor (if age 12 or older), and have given each copy of this form in ☐ English ☐ Spanish ☐ Other (specify): _____

I have also provided the applicant and the minor (if age 12 or older) with a copy of the "Rights of Individuals" and explained those rights to them.

Signed: _____

Title: _____

Date: _____

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If you are age 12 or older you have the right to object to your admission to the center at any time; or any interested person over age 18 may object to your admission. Your objection must be in writing. When an objection is made, you should be discharged at the earliest appropriate time, but not longer than 15 days, excluding Saturdays, Sundays and holidays, unless:

1. you withdraw the objection in writing; or
2. the center files a petition and two certificates with the court for the review of your admission. You will then have an attorney appointed to represent you and the court will decide if you should be discharged.

If your parent or guardian or a person in loco parentis requests your discharge, you shall be discharged at the earliest possible time not to exceed 5 days excluding Saturdays, Sundays and holidays to the custody of the person who requested your discharge unless:

1. you are 12 years of age or older and object to your discharge; or
2. the center files a petition and two certificates with the court for the review of your discharge. You will then have an attorney appointed to represent you and the court will decide if you should be discharged.

If you are still hospitalized 30 days after the date of your admission, the center director or designee will review your record. If he or she determines you need further hospitalization, he or she will talk to the person who signed your admission form. That person must agree to have you stay in the center or it will be considered as a request for discharge (see above). Every 60 days, until you are discharged, the center director will review your record and talk to the person who signed the admission form.

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