



REAFFIRMATION OF VOLUNTARY STATUS IN A STATE-OPERATED CENTER

Individual's Name: _____

Center: _____

Admitted/signed voluntary on: _____
(date/time)

You have been admitted to this center as a voluntary admission or have signed a voluntary application sometime after admission to the center. The law says that you must be asked if you want to stay in the center within 30 days after the date you were admitted or signed the application and every 60 days after that for as long as the center director believes you still need inpatient treatment.

You can tell the center you want to stay by signing your name below or by indicating acceptance to a center staff person.

FOR MINORS ONLY - the person who executed the application for admission must be asked within 30 days after the date of the admission or signed application and every 60 days after that for as long as the center director believes the minor needs inpatient treatment.

check here if individual indicates desires to remain a voluntary individual **BUT** refuses to sign form.

Printed Name of Individual who signed application

Witness Printed Name

Signature of Individual/Person who signed application

Witness Signature

Date

Witness Printed Name

Witness Signature

I affirm that I notified the guardian (if individual is legally disabled) of the individual's reaffirmation of voluntary status.

Staff Member Printed Name and Title

Affirmation (30 or 60 day)

Staff Member's Signature

Date/Time

A copy of this form was provided to the individual or guardian in

English Spanish Other, specify: _____

by _____
Printed Name and Title

Signature

on _____
Date/Time

Individual _____	
Date of Birth: _____	Sex: _____
Identification Number: _____	
Center: _____	
Subunit: _____	



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Rights of Voluntary Admittee

- * You have the the right to request discharge from this center. Your request must be in writing.
- * After you give your request, the center 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 center 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 center.
- * You will have the right to withdraw your request to be discharged if you should decide to remain at the center. Thirty days after your admission, if you have not been discharged, the center director will determine whether you need further hospitalization. If the center 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 center 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 center (see your copy of the "Rights of Individuals"). However, you should know that persons admitted to mental health centers 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
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

No. 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, Suite 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

Web site: www.equipforequality.org