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.

_____
Name: Admittee, or interested person at the request of person seeking admission

_____ ___ _____
Signature: Admittee, or interested person at the request of person seeking admission Age Relationship to admittee

_____ _____
Witness - Printed Name Witness - Signature

_____ _____
Witness - Printed Name Witness - Signature

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-month/day) (year) (time)

Employee Name and Title: _____

Employee's signature: _____ For Facility Director: _____

Sections of the Code Pertaining to Who Needs to be Notified

(405 ILCS 5/Ch. II Art. I heading)
ARTICLE 1. RIGHTS

(405 ILCS 5/2-113) (from Ch. 91 1/2, par. 2-113)
Sec. 2-113. (a) Upon admission, the facility shall inquire of the recipient if a spouse, family member, friend or an agency is to be notified of his admission to the facility. If the recipient consents to release of information concerning his admission, the facility shall immediately attempt to make phone contact with at least two designated persons or agencies or by mail within 24 hours.

(405 ILCS 5/Ch. II Art. II heading)
ARTICLE II. PROCEDURES

(405 ILCS 5/2-200) (from Ch. 91 1/2, par. 2-200)
Sec. 2-200. (c) Upon commencement of services, or as soon thereafter as the condition of the recipient permits, the facility shall ask the adult recipient or minor recipient admitted pursuant to Section 3-502 whether the recipient wants the facility to contact the recipient's spouse, parents, guardian, close relatives, friends, attorney, advocate from the Guardianship and Advocacy Commission or the agency designated by the Governor under Section 1 of "An Act in relation to the protection and advocacy of the rights of persons with developmental disabilities, and amending Acts therein named", approved September 20, 1985, or others and inform them of the recipient's presence at the facility. The facility shall by phone or by mail contact at least two of those people designated by the recipient and shall inform them of the recipient's location. If the recipient so requests, the facility shall also inform them of how to contact the recipient.

A Guardianship and Advocacy Commission is a state agency with three divisions: Legal Advocacy Services, Human Rights Authority and the Office of the State Guardian. The Commission can be reached at: Phone: 1-866-274-8023, TTY:(866) 333-3362, or in writing.

Chicago Regional Office
160 N. La Salle Street
Suite S500
Chicago, IL 60601

Springfield Regional Office
830 S. Spring Street
Springfield, IL 62704

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 office is located at:

Website: www.equipforequality.org

Main/Chicago Office
20 N. Michigan, Ste 300
Chicago, Illinois 60602
(800) 537-2632
TTY: (800) 610-2779
FAX: (312) 800-0912

The information you provide on this form is protected by privacy regulations under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) ([PL 104-191] at 45 CFR 160 and 164). Your personally identifiable health Information will only be used and/or released in accordance with HIPAA and the Illinois Mental Health and Developmental Disabilities Confidentiality Act.

Hospital Information (enter telephone numbers, Social Worker contact, visiting hours, etc.)

Ref.: 405 ILCS 5/3-502, 4-206, 4-208, 4-304, and 4-311(c)

LETTER OF NOTIFICATION FOR ADMISSION/TRANSFER/DISCHARGE

To: (Person(s) to be notified of admission:

_____

_____

_____

_____

_____

_____ Facility

_____ Address

_____ Facility Director

_____ Phone Number

Please mark which type of notice below:

☐ Admission: This is to inform you that (individual's name): _____
was admitted to the above- named facility on, _____ (date) at _____ (time)

☐ Transfer This is to inform you that (individual's name): _____
was transferred from _____ to _____
on _____ (date) at _____ (time) Information for the new facility is listed on the back of this page.

☐ Discharge This is to inform you that (individual's name): _____
was discharged from _____ on _____ (date) at _____ (time)

Please read carefully the information contained on the sheet. It describes the rights of both th individual and yourself regarding this specific information.

I certify that I mailed a copy of this form in: ☐ English ☐ Spanish ☐ Other (specify): _____.

to the person listed above depositing in the U.S. Mail on _____ .

☐ **WISHES NO ONE TO BE NOTIFIED**

Signed: _____

Printed Name: _____

Title: _____

Date: _____

Time: _____