

**APPLICATION BY AN ADULT FOR ADMISSION OF A MINOR**

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: \_\_\_\_\_

Name of Center: \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 \_\_\_\_\_  
(date - month/day) (year) (time)

Printed Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_ for 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.

Printed Name and Title: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION BY AN ADULT FOR ADMISSION OF A MINOR

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 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  
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 Avenue, 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](http://www.equipforequality.org)