

#102-STATE

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

State of Illinois

APPLICATION FOR VOLUNTARY ADMISSION

['ity:	Date of application:			
			Last 4 digits SSN:	
Address:				
(street)	(city)	(county)	(state)	(zip)
I am the person seeking adm	ssion and am 18 or older.			
I am an interested person, 18	or older, who seeks admission	for the person na	med above at his or her re	equest.
I am a minor, 16 or older, I un	derstand that my parent, guard	lian, or person in l	ocal parentis shall be imm	ediately notified.
I designate the following person(s	i) to be notified:			
of my admission	vhenever my rights are restricte	ed 🗌 wisl	no one notified	
Name:		Address:		
Name:		Address:		
I have been informed of the "RIG of the "RIGHTS OF INDIVIDUAL of this form will be given to m accompanied me and to any pare If admitted, I (the individual) sha (the recipient) at any time that I a	e on admission. I further under the control of the	ights as an individual derstand that a context of the facility.	ual receiving services. I topy of this form will be to the control of the control	understand that a copy given to anyone who
Andrew Programme and Company a	m deemed clinically sultable to eeks and indicates acceptance		sion. BUT refuses to sign	n form
_		or voluntary dumin	Sion. Do i reluses to sign	Tiomi.
Name: Admittee, or interes	sted person at the request of pe	erson seeking adm	ission	
Signature: Admittee, or interested	person at the request of person	on seeking admiss	ion Age Relatio	nship to admittee
Witness - Printed Name		Witness - Si	gnature	
Witness - Printed Name		Witness - Si	gnature	
I certify that the individual is not c	linically suitable for informal ac	lmission for the fol	owing reasons:	
I certify the following: that the abothe individual has the capacity to to a mental health facility and the discharge is not automatic, and the facility must either discharge of the second the rights on the back in the facility must either discharge of the rights on the back in the facility must either discharge of the rights on the back in the second in the secon	consent to voluntary admission hat he/she may request disch nat he/she understands that wi or initiate civil commitment proc	on, that he/she is a narge at any time thin 5 business da ceedings.	able to understand that he by placing the request sys of receiving the written	e/she is being admitted in writing and that the
☐ English ☐ Span				
I will also provide a copy of th accompanied him/her). And, if th have also provided the person individual's consent if this applica	ie person is a minor, 16 or oli with a copy of the "RIGHTS	der, I will notify th OF INDIVIDUAL	e parent, guardian or pe S". I witnessed the sign	rson in loco parentis. I
(date-month/day)		_, at (tim	<u></u>	
(,		
oyee Name and Title:				
Employee's signature:		_For Facility Direc	tor:	

Rights of Voluntary Admittee

- You have 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 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

North Suburban Regional Office

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

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

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

Rockford Regional Office

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

Fax: (815) 987-7227 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

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

TTY: (800) 610-2779 Fax: (312) 541-7544

(312) 341-0022

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