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

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 _____ (date - month/day), _____ (year) at _____ (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: _____