Application for Voluntary Admission – State Treatment Facility
(State Treatment Facility)

I, _____ do hereby apply for admission to
Full printed name of individual whose admission is being requested

_____
Fill in name of facility

for observation, diagnosis, care, and treatment of a mental illness, and I certify that the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to make a knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this facility is:

_____

_____

_____.

I am a competent adult with the capacity to make well-reasoned, willful, and knowing decisions concerning my medical or mental health treatment. I do not have a guardian, guardian advocate, or health care surrogate/proxy making health care decisions for me.

I ☐ have ☐ have not provided a copy of advance directive(s). If so, the advance directives include my

- ☐ Living Will,
- ☐ Health Care Surrogate,
- ☐ Mental Health Care Surrogate, or
- ☐ Other as specified: _____.

I have been provided with a written explanation of my rights as an individual on voluntary status and they have been fully explained to me. I understand that this facility is authorized by law to detain me without my consent for up to 3 days, not including weekends and holidays, after I make a request for discharge unless a petition for involuntary placement is filed with the Court within two (2) court working days of my request for discharge.

I understand that I will be asked to complete a financial disclosure form and may be billed for the cost of my treatment.

I understand that the facility is authorized by law to transfer me to another departmental facility when it is necessary to meet my medical needs or for the efficient use of the department's facilities. I understand that prior to transfer, the administrator of the facility will give me written notice.

_____	_____	_____ am pm
Signature of Adult	Date	Time

_____	_____	_____	_____ am pm
Printed Name of Witness	Signature of Witness	Date	Time

No notice of this admission is to be made without the consent of the individual except in case of an emergency. The use of this form for a voluntary admission requires that a "Certification of Individual's Competence to Provide Express and Informed Consent" be completed within 24 hours and if the form is used for a transfer of an individual from involuntary to voluntary status, the "Certification" must be completed prior to the "Application". The "Application" and "Certification" must be placed in the individual's clinical record.