

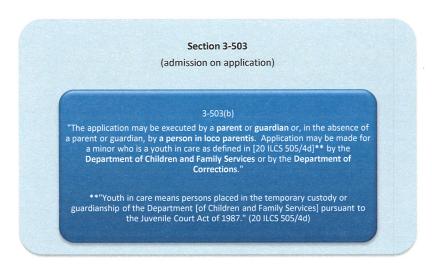
# ILLINOIS DEPARTMENT OF HUMAN SERVICES (IDHS): APPLICATION BY AN ADULT FOR ADMISSION OF A MINOR (IL 462-2206M (R-08-17), f/k/a MH-6)

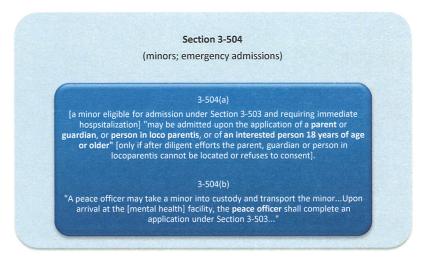
Updated August 21, 2018

IDHS publishes various forms to be used by mental health providers on its website (<a href="http://www.dhs.state.il.us/">http://www.dhs.state.il.us/</a>), including the Application by an Adult for Admission of a Minor (IL 462-2206M (R-08-17) (hereinafter Form). Aside from the certain sections of the Unified Code of Corrections, a minor may be admitted to a mental health facility for treatment of a mental illness or emotional disturbance as provided in Article V "Admission of Minors" of the Mental Health and Developmental Disabilities Code (Code) (405 ILCS 5/3-500).

The Form references Sections 3-503 and 3-504 of the Code. As a reference aide to our members, these Code sections are set out in summary below highlighting the "adults" cited followed by their description, if any, as set forth in the Code's definitions.

The type of "adults" who may execute the Form will depend on the specific factual circumstances. This is because one form is used for two different purposes under the two Code Sections. Please consult with your legal counsel for further guidance.





# Illinois Mental Health and Developmental Disabilities Code Definitions (405 ILCS 5/[Section]):

"Guardian" means the court appointed guardian or conservator of the person (Section 5/1-110).

"Peace officer" means any sheriff, police officer, or other person deputized by proper authority to serve as a peace officer (Section 5/1-118).

# APPLICATION BY AN ADULT FOR ADMISSION OF A MINOR

Printed Name of Minor: Minor's Complete Address:	Date of Birth:
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: Da	te:
Relationship to Minor:	
If the applicant is NOT the parent, guardian or person in loco parentis of he or she believes that the minor is in such condition that immediate hunsuccessful effort to locate the minor's parent, guardian, or person in lot the application.	nospitalization is necessary and has made diligent but
Signature:	
The minor was:	
admitted; or	
denied admission	
on,at (date - month/day) (year)	(time)
Printed Name and Title:	
Timed Name and Title.	
Signed: for Center	er Director:
I have explained the rights contained on the back of this form to the person or older), and have given each copy of this form in:	n executing this application and to the minor (if age 12
☐ English ☐ Spanish ☐ Other (specify	):
I have also provided the applicant and the minor (if age 12 or older) with a rights to them.	a copy of the "Rights of Individuals" and explained those
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:

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

# **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

#### Chicago Regional Office 160 N. La Salle Street

TTY: (866) 333-3362

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:

**Southern Illinois Northwestern Illinois** Main/Chicago Office **Central Illinois** 20 N. Michigan, Ste 300 1 West Old Capitol Plaza, Suite 816 1515 Fifth Avenue, Suite 420 300 E. Main Street, Suite 18 Moline, IL 61265 Carbondale, IL 62901 Chicago, Illinois 60602 Springfield, IL 62701 (309) 786-6868 (618) 457-7930 (217) 544-0464 (800) 537-2632 or (800) 758-0559 (312) 341-0022 (800) 758-0464 (800) 758-6869 TTY: (800) 610-2779 TTY: (800) 610-2779 TTY: (800) 610-2779 TTY: (800) 610-2779 Fax: (618) 457-7985 Fax: (309) 797-8710 Fax: (312) 541-7544 Fax: (217) 523-0720

Website: www.equipforequality.org