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

I, Full printed name of individual whose admission is being requested			do hereby apply for admission to		
Full printed name of individual w	hose admission is being requested				
Fill in name of facility					
for observation, diagnosis, care, true and correct to the best of my	and treatment of a mental illness, and knowledge and belief.	nd I certify that the inform	nation given on this a	pplication is	
	voluntary admission after sufficient force, fraud, deceit, duress, or other				
I am a competent adult with the c	apacity to make well-reasoned, will	ful, and knowing decision	as concerning my med	lical or mental	
health treatment. I do not have me.	a guardian, guardian advocate, or h	ealth care surrogate/prox	y making health care	decisions for	
I ☐ have ☐ have not p	provided a copy of advance directive Living Will,	e(s). If so, the advance di	rectives include my		
	Health Care Surrogate,				
	Mental Health Care Surrogate, o				
	Other as specified:	·			
explained to me. I understand that	ritten explanation of my rights as a the this facility is authorized by law to make a request for discharge unless ys of my request for discharge.	detain me without my con	nsent for up to 3 days	not including	
I understand that I will be asked	to complete a financial disclosure for	orm and may be billed for	the cost of my treatr	nent.	
	uthorized by law to transfer me to a at use of the department's facilities.				
Signature of Adult		 Date	Time	_am pm	
Printed Name of Witness	Signature of Witness	Date	Time	_am pm	
emergency. The use of this Competence to Provide Exp	is to be made without the con form for a voluntary admissioness and Informed Consent" b	on requires that a "Ce be completed within 2	rtification of Indiv 4 hours and if the	idual's form is	
used for a transfer of an inc	lividual from involuntary to vo	luntary status, the "C	ertification" must	be	

completed prior to the "Application". The "Application" and "Certification" must be placed in the

individual's clinical record.