

**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 (<http://www.dhs.state.il.us/>), 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.

Section 3-503
(admission on application)

3-503(b)

"The application may be executed by a **parent or guardian** or, in the absence of a parent or guardian, by a **person in loco parentis**. Application may be made for a minor who is a youth in care as defined in [20 ILCS 505/4d]** by the **Department of Children and Family Services** or by the **Department of Corrections**."

***Youth in care means persons placed in the temporary custody or guardianship of the Department [of Children and Family Services] pursuant to the Juvenile Court Act of 1987." (20 ILCS 505/4d)

Section 3-504
(minors; emergency admissions)

3-504(a)

[a minor eligible for admission under Section 3-503 and requiring immediate hospitalization] "may be admitted upon the application of a **parent or guardian**, or **person in loco parentis**, or of an **interested person 18 years of age or older**" [only if after diligent efforts the parent, guardian or person in locoparentis cannot be located or refuses to consent].

3-504(b)

"A **peace officer** may take a minor into custody and transport the minor...Upon arrival at the [mental health] facility, the **peace officer** shall complete an application under Section 3-503..."

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

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:

1. 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

Peoria Regional Office

401 N. Main Street, Suite 620
Peoria, IL 61602
Phone: (309) 671-3030
Fax: (309) 671-3060
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

Egyptian Regional Office

#7 Cottage Drive
Anna, Illinois 62906-1669
Phone: (618) 833-4897
Fax: (618) 833-5219
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

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

North Suburban Regional Office

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

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
(312) 341-0022
TTY: (800) 610-2779
Fax: (312) 541-7544

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