

VOLUNTARY ADMISSION APPLICATION FOR MENTALLY DISABLED PERSON

MH 5756 E/S (5/00)

To the Director/Administrator _____

I hereby apply for admission of _____ as a voluntary client/patient for care and treatment, and agree, if my request is granted, to conform to rules and regulations. I agree to give notice to a member of the hospital staff and complete normal hospitalization departure procedures to leave the hospital or to terminate treatment. Although I am a voluntary patient, I realize that if I become a danger to myself, others or become gravely disabled, this facility or someone who is designated to do so may change my status from voluntary to involuntary.

I further agree to termination of treatment upon the decision of the Director/Administrator.

Signature of Applicant-Client/Patient

Date _____

Home Address

Signature of Relative, Guardian or Conservator

Relationship

Date _____

Home Address

Signature of Relative, Guardian or Conservator

Relationship

Date _____

Home Address

Signature of Witness

Signature of Witness

Date _____

INSTRUCTIONS:

"Myself" if client/patient is an adult or a minor stated in the conditions below. The name of the person, if client/patient is a minor, or has a guardian or conservator.

Signature of voluntary applicant will be sufficient, if person is an adult or a minor as stated in the conditions below, and his mental condition is such as to enable him to understand the nature of this application.

If a client/patient is a minor, application should be signed by both parents or by the parent or guardian having legal custody. It is necessary that signatures be witnessed.

CONDITIONS WHEN A PERSON UNDER 18 MAY SIGN FOR VOLUNTARY ADMISSION:

All persons under the age of 18 are minors. However, any minor who has contracted a lawful marriage may give consent to the furnishing of hospital, medical and surgical care, and such consent shall not be subject to disaffirmance because of minority. A subsequent judgment, of annulment or divorce does not deprive the minor of his adult status once attained.

A minor 15 years of age or older who is living separate and apart from his parents or legal guardian and who is managing his own financial affairs, regardless of the source of income, may give consent to hospital, medical and surgical care.

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Confidential Client/Patient Information

See California Welfare and Institutions Code Section 5328