

Application for Admission to the Woodward Resource Center (WRC)

To: The _____ County Board of Supervisors

I, _____, _____
 Name Address

am the _____ of _____
 Parent, Guardian, Legal Representative Name of Individual to Be Served

for whom I seek voluntary admission to the Woodward Resource Center. I believe the individual is or may be a person with an intellectual disability (Attach supporting information).

Type of admission requested:

☐ Admission ☐ Temporary admission ☐ Outpatient admission ☐ Readmission

Individual's Date of Birth: _____

I declare that my county of residence is _____ County.

Signature	Date
Signature	Date

We, the Board of Supervisors of _____ County, hereby make application for voluntary admission of _____ to the Superintendent of the
 Name of Individual

Woodward Resource Center in accordance with Iowa Code sections 222.13 and 222.13A. Our determination is that the individual for whom application is made

☐ is a resident of _____ County as declared or
☐ the county of residence as declared is in dispute and the dispute resolution process in Iowa Code section 331.394, subsection 5, will be implemented.

This application has been made through the regional administrator or designee process.

 Regional Administrator Chairperson, County Board of Supervisors

Application
 Approved:

<input type="checkbox"/> Yes <input type="checkbox"/> No	WRC Admissions/Residential Technical Assistance Team (RTAT) Committee Chair	Date
<input type="checkbox"/> Yes <input type="checkbox"/> No	WRC Superintendent	Date