



# Application for Admission to a State Resource Center

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 \_\_\_\_\_ 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

Birth date of individual \_\_\_\_\_

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(s) of the  
*Name of Individual*

State Resource Center(s) 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:  Yes  No Date: \_\_\_\_\_

\_\_\_\_\_  
Administrator, Mental Health and Disability Services Division

Readmission:  Yes  No