



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

May 14, 2010

## GENERAL LETTER NO. 3-A-AP-4

ISSUED BY: Division of Mental Health and Disability Services

SUBJECT: Employees' Manual, Title 3, Chapter A, Appendix, **MENTAL HEALTH INSTITUTES APPENDIX**, pages 1 and 3, revised; and the following forms:

470-0420 *Application for Voluntary Admission-MHI, revised*  
470-0423 *Application for Voluntary Admission – Substance Abuse, revised*

### Summary

The revisions delete the references to the deputy director for field operations and replaces them with the division administrator for mental health and disabilities services.

### Effective Date

Upon receipt.

### Material Superseded

This material replaces the following pages from Employees' Manual, Title 3, Chapter A, Appendix:

<u>Page</u>	<u>Date</u>
470-0420	5/09
1	May 5, 2009
470-0423	5/09
3	May 5, 2009

### Additional Information

Refer questions about this general letter to division administrator for mental health and disability services.

## Application for Voluntary Admission – MHI

### Section A

I, the undersigned, desire to enter the \_\_\_\_\_ mental health institute as a voluntary patient for observation, diagnosis, care, and treatment for mental illness.

If admitted, I agree to abide by the rules and regulations of the mental health institute and to give written notice if I decide to leave the mental health institute against the advice of the medical staff.

If, after a diagnostic evaluation and after being informed of the findings that I am or may be suffering from a condition requiring care and treatment and I am admitted as a patient, I hereby voluntarily consent to such care and treatment based on a standard reasonable course of treatment as indicated by sound medical practice including laboratory and x-ray procedures, as determined by the medical staff in consultation with me.

I also understand that there are further courses of treatment available for me for which my further consent, or that of my parent, guardian, or legal representative, shall be required.

Signature of Patient

Date

Witness

Parent, Guardian, or Legal Representative

### Section B

To the \_\_\_\_\_ County Point of Central Coordination, I, \_\_\_\_\_, by my signature above, hereby make application for voluntary admission to the \_\_\_\_\_ mental health institute under sections 229.2 and 229.42, Code of Iowa.

### Section C

This application has been made through the \_\_\_\_\_ County Point of Central Coordination process and the voluntary admission is  denied  approved.

The applicant has legal settlement in this county of application, or

I agree to comply with the process outlined in IAC 29.4 for legal settlement determination.

CPC Administrator

Date

### Section D

This application is for the admission of an individual determined to be a state case.

Approved  Denied

Administrator, Mental Health and Disability Services Division Date

### [Application for Voluntary Admission – MHI, Form 470-0420](#)

Purpose	Form 470-0420 is used to make application for voluntary admission to a mental health institute and to assure that:
	<ul style="list-style-type: none"><li>◆ The application has been approved through the central point of coordination process, and</li><li>◆ Legal settlement has been determined or the process for determination is implemented.</li></ul>
Source	Complete this form on line using the template in the public state-approved mental health forms folder on Outlook. Supplies of the form may also be printed from the sample in the manual as needed.
	The county central point of coordination may print the form as above or request copies of the form from the mental health institute.
Completion	Section A of the form is completed in all voluntary applicants, or by the individual's parent, guardian, or legal representative. For private pay and minor applicants, only this section of the form needs to be completed.
	Section B of the form is completed when the individual or those financially responsible for the individual are unable to pay for the care and the cost of care will be paid in whole or in part at public expense. The adult individual who is seeking admission or the individual's guardian or legal representative completes Section B. Then application submitted to the individual's county of residence's central point of coordination.
	Section C of the form, when section B has been completed, is completed through the applicant's county of residence's central point of coordination process.
	Section D of the form is completed by the division administrator for mental health and disability services or the division administrator's designee when approval as a state case is requested.

## Application for Voluntary Admission – Substance Abuse Treatment

I, the undersigned, desire to enter the \_\_\_\_\_ mental health institute as a voluntary patient for observation, diagnosis, care, and treatment for substance abuse.

If admitted, I agree to abide by the rules and regulations of the mental health institute and to give written notice if I decide to leave the mental health institute against the advice of the medical staff.

If, after a diagnostic evaluation and after being informed of the findings that I am or may be suffering from a condition requiring care and treatment and I am admitted as a patient, I hereby voluntarily consent to such care and treatment based on a standard reasonable course of treatment as indicated by sound medical practice including laboratory and x-ray procedures, as determined by the medical staff in consultation with me.

I also understand that there are further courses of treatment available for me for which my further consent, or that of my parent, guardian, or legal representative shall be required.

Signature of Patient	Date
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Witness	Parent, Guardian, or Legal Representative
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This application is for the admission of an individual determined to be a state case.

Approved       Denied

Administrator, Division of Mental Health and Disability Services	Date
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Admitted for:

Alcoholism       Substance abuse

Confidential Patient Information  
Unauthorized release of this information is prohibited by law.

**Application for Voluntary Admission – Substance Abuse Treatment,  
Form 470-0423**

Purpose	Form 470-0423 is used for making an application for admission to a mental health institute for voluntary substance abuse treatment.
Source	Complete this form on line using the template in the public state-approved mental health forms folder on Outlook. Supplies of the form may also be printed from the sample in the manual as needed.
Completion	The form is completed before admission by the individual seeking admission or the individual's guardian or legal representative. If the individual is seeking admission as a state case, the division administrator for mental health and disability services or the division administrator's designee must approve the application.
Distribution	The mental health institute receives and retains the original in the individual's record. A copy of the completed application is provided to the applicant.
Data	The form contains the date the form was completed, the signature of the individual or the individual's guardian or legal representative and the name of the employee witnessing the signing.