



Application for Voluntary Admission for Substance Abuse Services

I, _____, do hereby apply for admission to (name of facility) _____ for assessment, stabilization or treatment of my substance abuse impairment or co-occurring mental health disorder and I certify that the information given on this application is true and correct to the best of my knowledge and belief.

I am making this application for voluntary admission after sufficient explanation and disclosure to make a well-reasoned, willful, and knowing decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this facility is:

I have been provided with a written explanation of my rights and they have been fully explained to me. I understand that I may be billed for the cost of my treatment.

Person's Signature

Date (mm/dd/yyyy)

Time am pm

Signature of Witness

Date (mm/dd/yyyy)

Time am pm