



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 mental retardation. (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 of the
Name of Individual

_____ 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 central point of coordination process. (CPC signature
required for all applications for an adult individual.)

CPC Administrator

Chairperson, County Board of Supervisors

Application approved as a state case: Yes No Date _____

Administrator, Mental Health and Disability Services Division

Readmission: Yes No