

Department of Public Health and Human Services
 Montana Mental Health Nursing Care Center
 800 Casino Creek Drive
 Lewistown Montana 59457
 Phone (406) 538-7451 Fax (406) 535-2863

Application for Admission by Involuntary Commitment

Name of Applicant: _____ Date of Birth: _____

Sex: ___M___F Marital Status: _____

Legal Guardian/DPOA/POA: _____ Phone: _____

Address: _____

Referring Facility or County of Initial Commitment: _____

Address: _____

Contact Person: _____ Phone: _____

Specific Behavior Issues Causing Referral: _____

Attempted Placement Documentation:

Facility	Date of Referral	Date of Denial	Reason for Denial

In order to process your admission application promptly, please include the following:

- History and Physical (completed within the last 60 days)
- Nursing Assessment: (to include but not limited to)
 - *Nursing Notes (past month)
 - *Activities of Daily Living
 - *Current Medications
- Psychiatric History and Current Evaluation

Signature of Person Completing Application: _____

Printed Name: _____

Title/Position: _____

Address: _____

Phone: _____

Send Applications to: Admissions Coordinator
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Welcome to the Montana Mental Health Nursing Care Center.

Upon your admission, please provide the following information:

- Current Medications
 - Vaccination/Immunization/PPD history/Chest X-Ray
 - Nursing Assessment: (to include but not limited to)
 - *Nursing Notes (most current from time of application)
 - *Social History
 - Labs: (past 3 months)
 - Commitment Order (If Applicable)
 - Advanced Directives/Living Will
 - Guardian/DPOA/POA (if applicable)
 - PASARR (Pre-Admission and Screening of Resident Review)
 - Family Contact Information
 - Birth Certificate
 - Copy of Social Security Card
 - Copies of Insurance cards (necessary)
 - **INSURANCE INFORMATION:** Please attach a legible copy of insurance cards
 - Medicare ID# _____ Effective Dates: A _____ B _____
 - Medicare D Plan: _____ Member ID#: _____
 - Medicaid #: _____
 - Other Insurance: Group Number: _____ Member ID:# _____
- Plan Name: _____
- Address: _____
- _____
- **FINANCIAL STATUS: SOURCES OF INCOME AND AMOUNTS:** Social Security: _____
VA: _____ Tribal Money: _____ Retirement: _____
Other Income Source: _____ Amount: _____