

**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 Voluntary Admission**

<b>Name of Applicant:</b>	<b>Date of Birth:</b>
<b>Sex:</b> <input type="checkbox"/> M <input type="checkbox"/> F	<b>Marital Status:</b>
<b>Legal Guardian/DPOA/POA:</b> <b>Address:</b>	<b>Phone:</b>
<b>Referring Facility:</b>	
<b>Address:</b>	
<b>Contact Person:</b>	<b>Phone:</b>
<b>Specific Behavior Issues Causing Referral:</b>	

**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**

<b>Signature of Person Completing Application:</b>
<b>Printed Name:</b>
<b>Title/Position:</b>
<b>Address:</b>
<b>Phone:</b>

**Send Applications to: Admissions Coordinator**  
**Montana Mental Health Nursing Care Center**  
**800 Casino Creek Drive**  
**Lewistown, MT 59457**  
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**Application for Voluntary Admission**

I am applying for admission to the Montana Mental Health Nursing Care Center in Lewistown, Montana in order to receive continuing care and services that may be prescribed and deemed necessary by the personnel of the Center.

I understand that if I am admitted as a voluntary applicant, I may be released from the Montana Mental Health Nursing Care Center by requesting to be released, in writing, at least five days in advance of my proposed release in order to allow for discharge processing, notification of responsible parties and coordination with appropriate services. Pursuant to 53-21-111, Montana Code Annotated, I understand that I may be held involuntarily for up to 5 days after requesting my release, and that the Montana Mental Health Nursing Care Center may request a court to involuntarily commit me to the Center.

I understand that the cost of my transportation to Lewistown, Montana, for admission to the Montana Mental Health Nursing Care Center shall be provided by myself, my relatives, guardian, or by the county of my residence. **[see 53-21-113(2)]**

I agree to furnish, or cause to have released, to the Montana Mental Health Nursing Care Center all pertinent medical records and data concerning my mental and physical status.

If admitted, I hereby give consent for the release of medical information to insurance companies, regulating State and Federal agencies, or person, who is responsible for all or part of the cost of my stay here. I also give my consent for the release of medical information to the Social Security Administration, Veteran's Administration, or any other retirement fund, for purposes of determining benefits due me.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ at \_\_\_\_\_, Montana.

\_\_\_\_\_  
Voluntary Applicant

Witness:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

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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	
Plan Name:	Member ID#:
Address:	Group #:

• **FINANCIAL STATUS-SOURCES OF INCOME AND AMOUNTS**

Social Security \$	VA \$	Retirement \$ Source
Tribal \$	Other \$ Source	