

**No Bounds Care, Inc.**  
**Consent for Voluntary Admission**

I, \_\_\_\_\_ do hereby apply for admission to  
Full printed name of person whose admission is being requested / Guardian/ Parent

\_\_\_\_\_  
Fill in name of Program

for observation, diagnosis, care, and treatment of a mental illness, 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 knowing and willful decision without any element of force, fraud, deceit, duress, or other form of constraint or coercion. The reason for my admission to this program is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/ My child are competent with the capacity to make well-reasoned, willful, and knowing decisions concerning my medical or mental health treatment.

I  have  have not provided a copy necessary documents to KnCryst Healthcare Services Inc. If so, the necessary documents include my:

- Social Security Card
- Identification / Photo ID
- Birth Certificate
- Guardianship Forms

I have been provided with a written explanation of my rights as a person on voluntary status and they have been fully explained to me.

\_\_\_\_\_  
Signature of Consumer/ Parent/ Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Witness

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date