

PHS-62 APPLICATION FOR VOLUNTARY ADMISSION TO U. S. PUBLIC HEALTH SERVICE HOSPITAL  
REV. 8-58

ANSWER EVERY QUESTION TO THE BEST OF YOUR ABILITY  
(Read Instructions on Reverse Side Before Completing)

☐ Lexington, Kentucky  
☐ Fort Worth, Texas

1. NAME OF APPLICANT (Please print or type) Mr. _____ Last First Middle Mrs. _____ Miss _____			2. MAILING ADDRESS OF APPLICANT (Street Address, City, State)		
3. MAIDEN NAME AND/OR ALIASES			4. HOME ADDRESS OF APPLICANT (Street, City, State)		
5. DATE OF BIRTH	6. AGE	7. SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	8. NAME OF DRUG TO WHICH ADDICTED	9. AVERAGE DOSAGE	10. HOW OFTEN TAKEN

11. STATE IN DETAIL ALL MEDICAL AND SURGICAL PROBLEMS

12. I WAS PREVIOUSLY HOSPITALIZED AT ☐ LEXINGTON AND ☐ FORT WORTH USPHS HOSPITALS (List two most recent hospitalizations)

LEXINGTON OR FORT WORTH	FROM (Date)	TO (Date)	DISCHARGED AS CURED (HTC) <input type="checkbox"/> YES <input type="checkbox"/> NO	13. LAST HOSPITAL NUMBER
				14. DATE AVAILABLE THIS ADMISSION

15. PERSON(S) TO BE NOTIFIED IN CASE OF EMERGENCY, OR COMMUNICATED WITH IN CONNECTION WITH MY HOSPITALIZATION OR DISCHARGE

NAME(S)	STREET ADDRESS	CITY	STATE	RELATIONSHIP

SOCIAL SECURITY NUMBER

16. ARE YOU ABLE TO PAY THE ESTABLISHED HOSPITALIZATION CHARGE? ☐ YES ☐ NO

17. EMPLOYMENT AND INCOME OF APPLICANT		DOES THIS INCOME STOP UPON ADMISSION TO THE HOSPITAL? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF EMPLOYER	OCCUPATION	WEEKLY EARNINGS

18. EMPLOYMENT AND INCOME OF ADULT MEMBERS OF APPLICANT'S HOUSEHOLD (See Note Below)

NAME	RELATIONSHIP	EMPLOYMENT	WEEKLY EARNINGS

19. LIST SOURCES OF INCOME OTHER THAN THOSE MENTIONED ABOVE

TYPE OF INCOME	VALUE	AVERAGE WEEKLY INCOME

20. STATE FINANCIAL RESPONSIBILITIES INCLUDING NUMBER AND RELATIONSHIP OF TOTAL AND PARTIAL DEPENDENTS

NAME	RELATIONSHIP	PERCENT DEPENDENT	NAME	RELATIONSHIP	PERCENT DEPENDENT

21. ARE YOU A CITIZEN OF THE UNITED STATES? ☐ YES ☐ NO  
If foreign born, how and when was citizenship obtained?

CERTIFICATION AND AGREEMENT (To be completed by ALL applicants) — I certify that all information given above in this application is true and correct to the best of my knowledge. I agree that, if accepted for treatment, I will remain under treatment for the maximum time estimated as necessary to complete my hospitalization. As a patient I will abide by all rules and regulations of the Hospital. The Public Health Service may communicate with any person named in Item 15 above.

The making of false or fraudulent statements to any Government Agency is punishable by Fines and Imprisonment under the law. (U. S. Code, Title 18, Sec. 1001)

22. SIGNATURE OF PARENT OR LEGAL GUARDIAN (If required)	23. RELATIONSHIP	24. DATE	25. SIGNATURE OF APPLICANT (See note below)
---	------------------	----------	---

If applicant is under 21 years of age, his parent or legal guardian will sign in Box 22 approving the admission of the minor and in Boxes No. 18, 19 and 20 will show his or her employment and income. WRITE all signatures.

APPLICATION FOR VOLUNTARY ADMISSION TO U. S. PUBLIC HEALTH SERVICE HOSPITAL FOR NARCOTIC ADDICTION  
PLEASE READ CAREFULLY THE INFORMATION BELOW—THEN FILL OUT THE FORM ON THE REVERSE SIDE.

#### LAW

The Public Health Service is authorized by law to provide for the care and treatment of persons, addicted to the use of habit-forming narcotic drugs, who voluntarily submit themselves for treatment to hospitals of the Service especially equipped for the accommodation of such patients. (See 42 USC 257 et seq).

The term "addict" means any person who habitually uses any habit-forming narcotic drugs as to endanger the public morals, health, safety, or welfare, or who is or has been so far addicted to the use of such habit-forming narcotic drugs as to have lost power of self-control with reference to his addiction.

The term "habit-forming narcotic drug" or "narcotic" means opium and coca leaves and the several alkaloids derived therefrom, the best known of these alkaloids being morphine, heroin, and codeine, obtained from opium, and cocaine derived from the coca plant; all compounds, salts, preparations, or other derivatives obtained either from the raw material or from the various alkaloids; Indian hemp and its various derivatives, compounds, and preparations, and peyote in its various forms; isonipecaine and its derivatives, compounds, salts and preparations; opiates (as defined in section 3228 (f) of the Internal Revenue Code).

#### WHO MAY APPLY

Any person who habitually uses narcotic drugs specified by Federal Law, which includes the following drugs:

- Cocaine
- Coca Leaves
- Codeine
- Dihydrocodeinone (Diconid, Hycodan)
- Dihydromorphinone (Dilaudid)
- Heroin
- Indian Hemp (marihuana)
- Laudanum
- Meperidine (Demerol, Isonipecaine)
- Methadon (Dolophine)
- Metopon
- Morphine
- Opium
- Pantopon
- Paregoric
- Peyote (mescaline)
- NU-2206 (3-Hydroxy-N-Methyl-Morphinan)

Any other narcotic drug, the sale of which may by Executive Order and/or presidential proclamation be brought under the Harrison Narcotic Act.

#### NOT ELIGIBLE

Persons who habitually use the following are not eligible for treatment by the Public Health Service, unless they are also addicted to one of the drugs named above:

- Alcohol
- Amphetamine (Benzedrine)
- Amytal
- Bromides
- Chloral Hydrate
- Elixir Terpin Hydrate (without Codeine)
- Paraldehyde
- Pentobarbital (Nembutal)
- Phenobarbital (Luminal)
- Seconal
- Any other barbiturate or "sleeping pill"

#### TREATMENT PERIOD

The average length of hospitalization may vary from 5 to 10 months. The length of stay is determined by the physicians who follow the course of treatment of each patient throughout his or her stay at the hospital.

#### DISCLOSURE OF PRESENCE IN HOSPITAL

Section 344(d) of the Public Health Service Act (42 U. S. C. 260) provides that "any addict admitted for treatment under this section shall not thereby forfeit or abridge any of his rights as a citizen of the United States; nor shall such admission or treatment be used against him in any proceeding in any court; and the record of his voluntary commitment shall be confidential and shall not be divulged."

If applicant wishes other persons or agencies to be notified concerning his or her admission, such a request must be made in writing by the patient and addressed to the Medical Officer in Charge of the U.S.P. H.S. Hospital concerned or entered in No. 15 of this application.

Section 290(b) of the Immigration and Nationality Act (8 U.C.S. 1360) provides that "any information in any records kept by any department or agency of the Government as to the identity and location of aliens in the United States shall be made available to the (Immigration and Naturalization) Service upon request made by the Attorney General to the head of any such department or agency."

#### LOCATION OF HOSPITALS

The United States Public Health Service maintains two hospitals for the treatment of drug addiction. One hospital is located at Lexington, Kentucky (for male and female patients) and the other at Fort Worth, Texas (for male patients only). Male patients residing west of the Mississippi River and in New Orleans, La. are served by the U. S. Public Health Service Hospital, Fort Worth, Texas, and should submit their application to that hospital.

#### HOW TO APPLY

All applicants must prepare "Application for Voluntary Admission" (see other side). Signatures in Boxes 22 and 25 must be written; printed name is not acceptable. If the applicant is under 21 years of age, his parent or legal guardian will sign in Box 22 approving the admission of the minor. The completed application form signed by the applicant should be mailed direct to the Medical Officer in Charge of the Public Health Service Hospital, Fort Worth, Texas, or Lexington, Kentucky, as the case may be.

#### NOTIFICATION TO REPORT FOR EXAMINATION

Your application will be reviewed by the receiving hospital and you will be notified either to report to the hospital for examination and interview prior to admission or that your application has been rejected. Actual admission for treatment will not be made until (1) you are examined and interviewed at the hospital; (2) found to be addicted to one or more of the drugs specified above; (3) it is determined that you can benefit from care and treatment at the hospital.

#### CHARGES FOR HOSPITALIZATION

A charge of eight dollars and fifty cents (\$8.50) per diem will be made for the subsistence, care and treatment of voluntary patients. This charge, however, will be required only of patients who are financially able to pay. The financial statement and the hospital interview will be used as a basis for determining the applicant's ability to pay. On arrival at the hospital, pay patients will be required to deposit \$255 (Two hundred fifty-five dollars) for one month's hospitalization plus the approximate cost of return transportation. Billings will be made monthly in advance thereafter. Do not send any money with your application.