**Formularios**

Aviso:

Utilice Google Chrome para descargar formularios. Si tiene problemas para descargar un formulario, envíe un correo electrónico a:

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**DESTINATARIOS DEL SERVICIO**

    [Directiva anticipada para el tratamiento de salud mental](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/Advance%2520Directive%2520for%2520Mental%2520Health%2520Treatment%2520-%2520%2520June%252029,%25202017.doc&usg=ALkJrhjz8cCFB8N2t_S6csWoqDjjzOdZmw" \t "_blank) (please link to Spanish Advance Directive for Mental Health Treatment…)

**INSTALACIONES MDH**

**Admisión voluntaria a una instalación estatal**

  [DHMH # 4 Solicitud de admisión voluntaria](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%25204%2520Application%2520for%2520Voluntary%2520Admission%2520-%2520June%252029,%25202017.doc&usg=ALkJrhg-DF9HxmIeoDWIEnaEx-WtJK_vMw) (please link to Spanish DHMH 4)

  [MDH 4A - Solicitud de admisión voluntaria de una persona discapacitada](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/MDH%25204A%2520-%2520Proposed%252010-611%2520Application%2520for%2520Voluntary%2520Admission%2520of%2520Disabled%2520Person%2520(protected).docx&usg=ALkJrhipqJMaaYk2hrSzSoBxdUg8kMBLeQ)  (please link to Spanish MDH 4A)

  [MDH 2B - Certificado de admisión voluntaria de personas con discapacidad](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/MDH%25202B%2520-%2520Proposed%252010-611%2520Certificate%2520for%2520Voluntary%2520Admission%2520of%2520Disabled%2520Persons%2520(protected).docx&usg=ALkJrhgaTDC8NSR0FX_JORamp51gS9EEYQ) (please link to Spanish MDH 2B 10-611)

**Admisión involuntaria a una instalación estatal**

    [DHMH # 34 Solicitud de admisión involuntaria](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%252034%2520Application%2520for%2520Involuntary%2520Admission%2520-%2520June%252029,%25202017%2520(1).doc&usg=ALkJrhh9Hzoqn44n0hKyy3as0Fh8fE7MlQ) (please link to Spanish DHMH 34)

   [DHMH # 33 Notificación a la persona sobre el estado y los derechos de admisión](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%252033%2520Notification%2520to%2520Individual%2520of%2520Admission%2520Status%2520and%2520Rights%2520-%2520June%252029,%25202017.doc&usg=ALkJrhg4by8j9QJOHjK2R9p648Pt-nsbXw)  (please link to Spanish DHMH 33)

[DHMH # 2 certificado de acompañamiento de Solicitud de Admisión Involuntario](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%25202%2520Certificate%2520to%2520Accompany%2520Application%2520for%2520IVA%2520-%2520June%252029,%25202017.docx&usg=ALkJrhjerIyW-vi_JyuqgxV2AqZ0hQksKg) (please link to Spanish DHMH 2)

    [Informe DHMH # 2A en cuanto a la certificación de compromiso](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%25202A%2520-%2520Report%2520as%2520to%2520Certification%2520of%2520Commitment%2520-%2520June%252029,%25202017.doc&usg=ALkJrhhMQhyUDZPjNsB9MUdmqso_xhssHA) (please link to Spanish DHMH 2A)

**Admisión de un menor**

    [DHMH # 6 Solicitud de un padre o tutor para la admisión de un menor](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%25206%2520Application%2520by%2520Parent%2520or%2520Guardian%2520for%2520Admission%2520of%2520Minor%2520-%2520June%252029,%25202017.doc&usg=ALkJrhg7-A-XixeBgfJcAKbYpTnKTYRtfg) (please link to Spanish DHMH 6)

    [DHMH # 6A Endoso de un médico o psicólogo para la unidad de niños o adolescentes de las instalaciones estatales](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%25206A%2520MHA%2520Facility%2520-%2520Physician-Psychologist-Psychiatric%2520Nurse%2520Practitioner%2527s%2520Endorsement%2520%2520October%252016,%25202015.doc&usg=ALkJrhj8slb3pput6YCPvao1U19vhK4nrg) (please link to Spanish DHMH 6A)

**Operaciones**

    [DHMH # 4465 Maryland BHA - Formulario de derivación para cuidados posteriores](https://translate.googleusercontent.com/translate_c?depth=1&hl=en&pto=aue&rurl=translate.google.com&sl=en&sp=nmt4&tl=es&u=https://bha.health.maryland.gov/Documents/DHMH%25204465%2520Aftercare%2520referral%2520form%2520(2).doc&usg=ALkJrhgScTgKiWUeDaZJMzsBroVkarjpgA)  (please link to Spanish DHMH 4465)