

**MDHS/DYS
Oakley Youth Development Center
Admission and Intake Checklist**

Note: Please initial next to the step of the process to verify its completion.

Name: _____

County or Origin: _____

Admission Date: _____

Time Admitted: _____

Admission

Identity Verified _____

Youth Admitted: Yes _____ No _____

Required Documentation _____

Admissions Form Signed _____

Medical Intake Screening _____

Youth Added to Head Count _____

Date/Time Completed: _____ **Signed:** _____

Intake

Notification of Facility Departments _____ Creation of Master File _____

Search of Youth: Frisk _____ Strip _____ Body Cavity/Medical Referral _____ (when applicable)

Hygiene: De-licer Treatment _____ Shower _____ Haircut _____

Property: Clothing _____ Linens _____ Hygiene Products _____

Screening: Intake Interview _____ YASI _____ MAYSI _____

Photos: Master File _____ Medical File _____ CMS _____

Medical Assessment _____

Date/Time Completed: _____ **Signed:** _____