

**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:** _____