

**Intake Checklist**

Name of Student: \_\_\_\_\_ Gender: \_\_\_\_\_ Program: \_\_\_\_\_  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date of Admission: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Referring Agency: \_\_\_\_\_ Referring Worker: \_\_\_\_\_  
 Responsible Agency: Primary: \_\_\_\_\_ Worker Telephone #: \_\_\_\_\_  
 Responsible Agency: Secondary: \_\_\_\_\_ Treatment Coordinator: \_\_\_\_\_  
 Assigned Dorm: \_\_\_\_\_ Rate per day: \_\_\_\_\_

**Referral Packet Requirements**

To be completed by Lakeside Academy Staff

- Intake interview and risk assessment documentation
- YLS Score: \_\_\_\_\_
 

Low
Moderate
High

 Safety Interview Score: \_\_\_\_\_
 

Low
Moderate
High

 Self Report Score: \_\_\_\_\_
 

Low
Moderate
High
- MAYSI-2 Total Score: \_\_\_\_\_ AD \_\_\_\_\_ DA \_\_\_\_\_ SI \_\_\_\_\_ TE \_\_\_\_\_  
 AI \_\_\_\_\_ SC \_\_\_\_\_ TD \_\_\_\_\_  
L=Low C=Caution W=Warning
- Case Plans Due: Initial: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Updated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Print Face Sheet & Student Statement Requirements

Following Items Required from Referring Worker

- Copy of court order documenting offenses for which the adjudication/placement has occurred.
- Next court hearing: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ : \_\_\_\_ am / pm @ \_\_\_\_\_
- Copy of Birth Certificate
- Copy of Social Security card # \_\_\_\_\_
- Copy of Immunization records
- Copy of Medicaid/Insurance card # \_\_\_\_\_
- Program consent forms signed by parent/guardian and student
- Approved contact list completed
- Court reports, i.e. probation officer reports, police reports, etc.
- Reports from previous placements
- Mental health assessments/reports
- GED (16 or older)  High School Diploma

Treatment Coordinator	____ / ____ / ____ Date
Admissions Department	____ / ____ / ____ Date
Director of Group Living	____ / ____ / ____ Date