

# ADMISSION / REFERRAL PACKET

## *Youth Residential Program*

|                  |                                                                                   |
|------------------|-----------------------------------------------------------------------------------|
| Operating Entity | PLOMC, LLC d/b/a PLOMC Community Service                                          |
| Program          | Youth Residential Program                                                         |
| Effective Date   | 10/01/2026                                                                        |
| Review Cycle     | At least annually and when law, regulation, contract, or program practice changes |

*People Today. Stronger Tomorrows.*



## Referral Cover Sheet

|                                 |                                         |
|---------------------------------|-----------------------------------------|
| <b>Youth Legal Name</b>         | <b>Preferred Name</b>                   |
| <b>DOB / Age</b>                | <b>Pronouns</b>                         |
| <b>Current Placement</b>        | <b>County / Placing Agency</b>          |
| <b>Caseworker</b>               | <b>Caseworker Phone/Email</b>           |
| <b>Legal Custodian</b>          | <b>Court / Docket Information</b>       |
| <b>Requested Admission Date</b> | <b>Requested Level of Supervision</b>   |
| <b>Referral Reason</b>          | <b>Funding / Contract Authorization</b> |

## Required Referral Documentation Checklist

- Legal placement/custody documentation and current court orders ☐
- Current case/permanency/service plan ☐
- Social history and placement history ☐
- Current risk/safety assessments and supervision requirements ☐
- Medical history, current physical, allergies, and immunization information ☐
- Medication list, current orders and consent documents ☐
- Behavioral-health evaluations, diagnoses, and treatment recommendations ☐
- Suicide/self-harm history and current safety plan if applicable ☐
- Substance-use history and current treatment recommendations ☐
- Education records, IEP/504 plan, school contacts and transportation needs ☐
- Family/approved-contact list and visitation/contact restrictions ☐
- Incident history including aggression, elopement/AWOL, fire-setting, sexualized behavior, victimization/exploitation and law-enforcement involvement ☐
- Identification documents and insurance/benefits information when available ☐

## Pre-Admission Screening

|                               |                                 |
|-------------------------------|---------------------------------|
| <b>Primary Placement Need</b> | <b>Strengths/Interests</b>      |
| <b>Known Triggers</b>         | <b>De-escalation Strategies</b> |
| <b>Aggression Risk</b>        | <b>Elopement/AWOL Risk</b>      |
| <b>Self-Harm/Suicide Risk</b> | <b>Sexual Safety Concerns</b>   |

**PLOMC COMMUNITY SERVICE | YOUTH RESIDENTIAL PROGRAM**

|                                          |                                          |
|------------------------------------------|------------------------------------------|
| <b>Fire-Setting Risk</b>                 | <b>Substance Use</b>                     |
| <b>Medical Complexity</b>                | <b>Medication Needs</b>                  |
| <b>Developmental/Communication Needs</b> | <b>Education Status</b>                  |
| <b>Family/Contact Plan</b>               | <b>Transportation Needs</b>              |
| <b>Cultural/Religious Needs</b>          | <b>Accessibility/Accommodation Needs</b> |

**Admission Decision**

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| <b>Decision: Accept / Decline / Pending</b> | <b>Proposed Admission Date</b>    |
| <b>Approved Capacity/Bed</b>                | <b>Required Enhanced Staffing</b> |
| <b>Conditions Before Admission</b>          | <b>Reason if Declined</b>         |
| <b>Reviewer</b>                             | <b>Program Director Approval</b>  |

**Admission-Day Checklist**

- Verify identity and legal authority for placement. ☐
- Inventory belongings and secure prohibited/dangerous items according to policy. ☐
- Review resident rights, grievance process, confidentiality, house expectations, and emergency procedures. ☐
- Obtain required signatures/consents and emergency contacts. ☐
- Complete health/medication reconciliation and arrange immediate care if needed. ☐
- Orient youth to bedroom, exits, assembly area, schedule, staff and communication procedures. ☐
- Notify school/education contacts as authorized and establish transportation. ☐
- Initiate service planning and schedule required team review. ☐

|                                                        |                       |
|--------------------------------------------------------|-----------------------|
| <b>Youth</b>                                           | Signature/Date: _____ |
| <b>Parent/Guardian/Legal Custodian (if applicable)</b> | Signature/Date: _____ |
| <b>Placing Agency Representative</b>                   | Signature/Date: _____ |
| <b>PLOMC Intake Staff</b>                              | Signature/Date: _____ |