



INTAKE ASSESSMENT

Initial Youth Strengths, Needs, and Risk Review

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.

Identification and Placement

Youth Name	DOB/Age
Admission Date	County/Agency
Caseworker	Legal Custody/Placement Authority
Current School	Primary Language
Race/Ethnicity (self-identified/recorded as required)	Gender Identity/Pronouns
Religion/Cultural Considerations	Emergency Contacts

Placement History and Current Need

Reason for Placement	Previous Placements
Recent Disruptions	Youth's View of Placement
Strengths/Interests	Important Relationships
Permanency Goal	Anticipated Length of Stay

Safety and Behavioral Risk

Elopement/AWOL History	Aggression/Violence
Self-Harm/Suicidal Ideation/Attempts	Sexual Safety/Problematic Sexual Behavior
Victimization/Exploitation/Trafficking Concerns	Fire-Setting
Weapons Access/History	Substance Use
Criminal/Juvenile Justice Involvement	Known Triggers
Effective Calming Strategies	Current Safety Plan

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Health and Medication

Primary Care Provider	Insurance
Allergies	Medical Conditions
Dietary Needs	Current Medications
Medication Allergies/Adverse Reactions	Recent Hospitalization
Dental/Vision Needs	Sleep Concerns
Pregnancy/Parenting Needs if applicable	

Behavioral Health and Development

Diagnoses	Therapist/Psychiatrist
Current Treatment	Trauma/Loss History (minimum necessary)
Developmental/IDD/Autism/ADHD Needs	Communication Needs
Sensory Needs	Substance-Use Treatment
Crisis Plan	

Education / Employment

School/District	Grade/Credits
IEP/504	Attendance
Academic Strengths	Academic Concerns
Vocational Interests	Employment Status

Transportation to School/Work	
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Family / Contacts

Parents/Guardians	Siblings/Significant Persons
Approved Contacts	Restricted Contacts
Visitation Plan	Family Strengths
Family Conflict/Safety Issues	Attorney/GAL/Advocate

Independent Living Skills

Hygiene	Laundry
Cooking	Cleaning
Budgeting	Banking/Credit
Shopping/Nutrition	Public Transportation
Time Management	Communication
Conflict Resolution	Community Resources

Initial Recommendations

Recommended Supervision Level	Room/Peer Compatibility
Immediate Medical Follow-Up	Immediate Behavioral-Health Follow-Up
Education Actions	Family/Contact Actions
Life-Skills Priorities	Restrictions/Safety Precautions
First 30-Day Goals	

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Assessment Summary

Youth	Signature/Date: _____
Assessor	Signature/Date: _____
Program Director/Designee	Signature/Date: _____
Placing Agency (if required)	Signature/Date: _____