

Dear Applicant,

We appreciate your inquiry into our program at the Texas Pythian Home for Children. Please take the time to review your information packet and follow the application process instructions carefully. It is important that each section is completed accurately and as completely as possible. Please feel free to contact me if you have any questions or concerns.

**INSTRUCTIONS:**

- (1) Fill out the application completely.
- (2) Sign the Release of Confidential Information and return with your application.
- (3) Include with the application all information on the Applicant Checklist.
- (4) Return the application packet to:  
Texas Pythian Home, Inc.  
Attn. Intake Coordinator  
1825 E. Bankhead Drive  
Weatherford, TX, 76086

Once the application is received and processed, you will be contacted for a pre-placement interview. In some cases, a pre-placement overnight visit may be arranged.

Thank you for your interest in the Texas Pythian Home,

Holly Boyer  
Director of Child Care/Assistant Administrator  
[hboyer@pythianhome.org](mailto:hboyer@pythianhome.org), (817) 594-4465  
Texas Pythian Home, Inc.

## ADMISSION TO THE TEXAS PYTHIAN HOME:

**Our mission statement:** The Texas Pythian Home, Inc. provides a safe, stable environment for children to grow physically, socially, emotionally and spiritually to become responsible, independent adults.

Our program serves children who for some reason cannot live with their parents. Many of our children come from families that are struggling due to death, divorce, parental drug dependency, parental adjudication, homelessness, lack of money, being raised by a sick or elderly family member or abuse. These families are unable to care for their children on a day to day basis and are looking for a safe haven for their children.

The Pythian Home intake ages range from 3 years to 14 years old and we accept boys and girls. If a child is already living at the Pythian Home they can stay here past the age of 14 as long as they are in school, college or vocational training. We are a basic child care facility. We do not accept children with more advanced emotional, mental or physical disabilities. The Pythian Home also does not accept children who have serious behavioral issues and delinquent tendencies. We are unable to accept children who have been in "inpatient" psychiatric facilities.

The Pythian Home does not take in children on an emergency basis. The time frame between inquiry and intake all depends on how quickly the family provides the appropriate documentation and the intake department is able to process it.

Thank you for your interest in the Texas Pythian Home for Children. Please contact us if you have any questions.

Texas Pythian Home for Children  
1825 E. Bankhead Dr.  
Weatherford, TX, 76086

**APPLICATION FOR ADMISSION**

**CLIENT INFORMATION**

**DATE:** \_\_\_\_\_

Child's name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: M or F      Race: \_\_\_\_\_

Birthplace: \_\_\_\_\_

DOB: \_\_/\_\_/\_\_      Age: \_\_\_\_\_

SS#: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Religion: \_\_\_\_\_

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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Person child is currently living with: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's legal guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

\*\*Please provide copies of any court orders establishing guardianship  
(divorce papers etc) \*\*

Source of Referral: \_\_\_\_\_

Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

**OFFICE USE ONLY**

- Completed application
- Birth certificate
- Social Security Card
- Court orders pertaining to the child
- Medical/Dental/Vision/Hearing results
- TB test results
- Immunization records
- School records
- Psychological info. (if available)
- Current photograph

Date of pre-placement interview: \_\_\_\_\_

Those present: \_\_\_\_\_

Accepted: Yes/No

Admit Date: \_\_/\_\_/\_\_

\_\_\_\_\_  
Signature of Assistant Administrator

Date \_\_/\_\_/\_\_

**HISTORY**

Date: \_\_/\_\_/\_\_

Why are you seeking placement at the Texas Pythian Home?

Expected length of stay: \_\_\_\_6 months, \_\_\_\_1 year, \_\_\_\_1-2 years

How does the child feel about leaving the home?

Does the child understand placement at the Pythian Home?

What would need to happen before you would consider taking the child back to live with you?

Indicate other Agencies/Services involved:

\_\_\_\_ Court            \_\_\_\_ School Counselor            \_\_\_\_ Psychiatrist/Psychologist  
\_\_\_\_ Probation        \_\_\_\_ Therapist                        \_\_\_\_ Mental Health Agency  
\_\_\_\_ CPS                \_\_\_\_ Other

Explain those areas checked:

List your child's strengths:

List your child's weaknesses:

List your child's current hobbies and interests:

DATE: \_\_/\_\_/\_\_

Indicate which of the following applies to your child:

- Drugs       Alcohol       Smokes       Profanity
- Lying       Stealing       Runaway       Destructive
- Nightmares       Fears       Moody       Cries easily
- Unhappy       Bullies       Aggressive       Talks Back
- Arrested       Probation       Disobeys       Tantrums
- Cruel       Fights       Disrespectful
- Poor Grades       Hates School       Trouble Learning
- Trouble with Teachers       Trouble with other students
- Parent spends no time with child       Parent seldom disciplines
- Child feels unloved       No friends among own age
- Few friends       Parent disapproves of friends
- Parent doesn't listen to child       Parent is "too busy"
- Parent is unreasonable
- Child is hostile toward male authority figures
- Child is hostile toward female authority figures
- Child feels "picked on"
- Sexual Activity
- Suicidal Thoughts, Actions, Attempts
- In-patient Psychiatric Treatment

Explain those areas checked:

Describe any other problematic behaviors exhibited by the child:

DATE: \_\_/\_\_/\_\_

**FAMILY INFORMATION**

Father: \_\_\_\_\_  
Address: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
Telephone: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Mother: \_\_\_\_\_  
Address: \_\_\_\_\_  
Marital Status: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_  
Telephone: \_\_\_\_\_  
SS#: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Step-Parent Information (if applicable)

Step-Father Name: \_\_\_\_\_  
Step-Mother Name: \_\_\_\_\_

Siblings (include step and half siblings)

Name	DOB	Address	Phone #	Parents

Additional Relatives and Close Friends that may have contact with the child:

1) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of contact: on-campus/off-campus/phone/written/other

2) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of contact: on-campus/off-campus/phone/written/other

3) Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Description of contact: on-campus/off-campus/phone/written/other

DATE: \_\_/\_\_/\_\_

**SCHOOL INFORMATION**

Current school: \_\_\_\_\_

Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Has your child ever failed a grade? \_\_\_\_\_

Which one(s): \_\_\_\_\_

Special achievements: \_\_\_\_\_

Is your child in any special education programs: \_\_\_\_\_

**\*\*Please have school staff fill out the "School Progress" form.\*\***

**\*\*Necessary school documents: Current report card, "School Progress" form, TAKS scores, Special Education information (current IEP or ARD)\*\***

School History: Please list all other school that the child has attended.

1) School name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grades Earned: \_\_\_\_\_

Special Achievements: \_\_\_\_\_

2) School name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grades Earned: \_\_\_\_\_

Special Achievements: \_\_\_\_\_

3) School name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dates attended: \_\_\_\_\_

Grades Earned: \_\_\_\_\_

Special Achievements: \_\_\_\_\_

DATE: \_\_/\_\_/\_\_

**SCHOOL PROGRESS FORM**

**\*\*THIS FORM SHOULD BE COMPLETED BY YOUR CHILD'S CURRENT TEACHER OR OTHER SCHOOL PERSONNEL WITH KNOWLEDGE OF YOUR CHILD'S SCHOOL HISTORY\*\***

**\*\*SCHOOL STAFF, THANK YOU FOR PROVIDING INFORMATION ON THIS CHILD. THE PYTHIAN HOME WILL USE THIS INFORMATION TO INSURE PROPER PLACEMENT IN THE WEATHERFORD INDEPENDENT SCHOOL DISTRICT. PLEASE CONTACT THE DIRECTOR OF CHILD CARE AT 817-594-4465 IF YOU HAVE ANY QUESTIONS. \*\***

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher's Name: \_\_\_\_\_ Subject: \_\_\_\_\_  
Current 6 weeks period: \_\_\_\_\_ Grade Average: \_\_\_\_\_  
Does this child receive Special Education Services: \_\_\_\_\_

	Excellent	Good	Average	Fair	Poor
Attitude toward Classwork:					
Completion of Homework:					
Completion of Classwork:					
Performance on Tests:					
Behavior in Class:					
Peer Relations:					

Student's strengths: \_\_\_\_\_

Student's weaknesses: \_\_\_\_\_

Any other pertinent information concerning this child's school placement:



DATE: \_\_/\_\_/\_\_

**MEDICAL INFORMATION**

**\*\*Please have a physician or a nurse provide information on the "Physical Screening" form\*\***

Does the child have any allergies: Please circle

Seasonal    Food    Medication    Sting    Skin    Other

Describe allergic reaction: \_\_\_\_\_

Does the child have any chronic health conditions (such as Asthma, diabetes, etc.): \_\_\_\_\_

Does the child take any kind of medication: Yes or No

Name of Medicine	Dosage	Reason for medicine	Prescribing doctor

Does the child exhibit any of the following:

Dizziness     Bedwetting     Nail biting     Wheezing  
 Thumb sucking     Pretends to be sick     Frequent headaches  
 Constipation     Hay fever     Stuttering     Skin trouble  
 Hearing difficulties     Nose bleeds     Difficulty sleeping  
 Cuts or injuries self

**Physician:**

Name:  
Phone:  
Address:  
Date of last visit:

**Optometrist:**

Name:  
Phone:  
Address:  
Date of last visit:

**Dentist:**

Name:  
Phone:  
Address:  
Date of last visit:

**Specialists:**

Name:  
Phone:  
Address:  
Date of last visit:

DATE: \_\_/\_\_/\_\_

**PHYSICAL SCREENING FORM**

**\*\*THIS FORM NEEDS TO BE COMPLETED BY A PHYSICIAN OR NURSE\*\***

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
DOB: \_\_/\_\_/\_\_

Height: _____	Weight: _____	Temperature: _____
Blood Pressure: _____	Lungs: _____	Chest Formation: _____
Heart Rate: _____	Heart Rhythm: _____	Murmur: _____
Spine: _____	Neck: _____	Abdomen: _____
Skin/Scalp: _____	Nose: _____	Throat: _____
Glands/Thyroid: _____	Neurological: _____	Speech: _____
Eyes: _____	Vision: R _____ L _____	
Ears: _____	Hearing: R _____ L _____	

**\*\*The Pythian Home requires that all potential residents have a TB test prior to admittance\*\***

**TB Test:**

Date given: \_\_\_\_\_ Date results were read: \_\_\_\_\_  
Results: Positive or Negative (please circle)

Any diseases or conditions (known or suspected) that require treatment, observation or further diagnostic study? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication the child is or should be taking: \_\_\_\_\_  
\_\_\_\_\_

Remarks or recommendations: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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Typed or printed name of physician: \_\_\_\_\_  
Hospital/clinic address: \_\_\_\_\_  
City State Zip Phone

Date of examination: \_\_/\_\_/\_\_  
Signature of physician: \_\_\_\_\_

**APPLICANT'S CHECKLIST**

- \_\_\_\_\_ Complete application
- \_\_\_\_\_ Birth certificate or copy
- \_\_\_\_\_ Social security card or copy
- \_\_\_\_\_ Immunization records
- \_\_\_\_\_ Court orders establishing guardianship (ex. divorce papers)
- \_\_\_\_\_ Educational information
- \_\_\_\_\_ Psychologist/Psychiatrist/Counselor information (if applicable)
- \_\_\_\_\_ Medical exam completed within last 30 days
- \_\_\_\_\_ TB test results
- \_\_\_\_\_ Dental exam results if completed within last year
- \_\_\_\_\_ Vision and hearing test results (if available)
- \_\_\_\_\_ Photo

**RELEASE OF CONFIDENTIAL INFORMATION**

I hereby authorize \_\_\_\_\_ (name of person, agency or organization) of \_\_\_\_\_ (address) to release information of a confidential nature regarding the medical, educational, psychiatric or psychological evaluation, history and treatment of:

NAME: \_\_\_\_\_ DOB: \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS: \_\_\_\_\_

PERIOD BEGINNING: \_\_\_\_\_ AND ENDING: \_\_\_\_\_

Please release directly to: Texas Pythian Home, Inc.  
1825 E. Bankhead Dr.  
Weatherford, TX, 76086  
Fax: 817-596-7776

Please include those items noted below:

- \_\_\_ Environmental, family and social assessments
  - \_\_\_ Education information/assessments
  - \_\_\_ Psychological evaluation, assessments or summary
  - \_\_\_ Psychiatric or clinical evaluation, assessments or summary
  - \_\_\_ Discharge summary
  - \_\_\_ Results of appropriate testing
  - \_\_\_ Specific information regarding: \_\_\_\_\_
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I understand that only such confidential information concerning the above named person will be released as is considered essential to the purpose stated above. I also understand that this authorization does not bind the releasing person or institution to open its records for inspection. I further understand and agree that no liability to any nature shall be attached to the releasing party. All information released shall be held as confidential by Texas Pythian Home, Inc. and will not be released except upon receipt of an appropriate consent form.

Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_