

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, (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 #: _____

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: _____

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: _____
-
-

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: _____