



Homebound-Hospital Education Center

475 Corporate Square Drive, Winston-Salem, North Carolina 27101

Phone: (336) 727-2083 Fax (336) 661-3079 LEA 340394

School Referral Form for Homebound Services

(Please type or print- all information must be filled out before faxing to homebound office)

Check One Reason for Referral

- Acute Illness
- Serious Injury/Surgery
- OB/GYN Diagnosis- Due Date
- Psychiatric/ Mental Health Diagnosis **** (see note below)
- Please see Psychiatric Referral Guidelines for this placement

Student Number _____ Date of Birth _____

Student's First Name _____ MI _____ Last _____ Grade _____

Gender Male Female Ethnicity _____ Race _____

Student's Home Address (Street) _____ Apt Number _____

City _____ Zip _____

Parent/Guardian (female) Work _____ Cell _____

Parent/Guardian (male) Work _____ Cell _____

Home Phone _____ Parent/Guardian Email _____

School of Record _____ Data Manager _____

School Contact Number _____ Student's Counselor _____

Student's Administrator _____ Testing Coordinator _____

School Registrar (For HS) _____ School Social Worker _____

A school social worker must make a home visit for a psychiatric referral before homebound services can begin.
 *** A Teen Mother social worker must make a home visit for all OB/GYN referrals before homebound services can begin.***

Date referral was given to school social worker (if applicable- see notes above) _____

Administrator's Name _____ Administrator's Signature _____ Date _____