



**GENERAL EDUCATION**

# Homebound-Hospital Education Center

475 Corporate Square Drive, Winston-Salem, North Carolina 27101  
Phone: (336) 727-2083 Fax (336) 661-3079 LEA 340394

Does the home have internet?  
Yes \_\_\_ No \_\_\_  
Is there a computer in the home?  
Yes \_\_\_ No \_\_\_

## Social Worker's Report

*(Must Accompany Psychiatric Referrals for Homebound Only)*

Student ID \_\_\_\_\_ Student Name \_\_\_\_\_  
 Nickname \_\_\_\_\_ Last (may be two names) \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Parent/ Guardian 1 \_\_\_\_\_ Parent/ Guardian 2 \_\_\_\_\_

Home Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Address for HHEC Service: \_\_\_\_\_ Same as Home or: \_\_\_\_\_

Head(s) of Household at Address for HHEC Service: \_\_\_\_\_ Parent(s)/Guardian(s) or Other Adult: \_\_\_\_\_

1st Phone: \_\_\_\_\_ Whose? \_\_\_\_\_ 2nd Phone: \_\_\_\_\_ Whose? \_\_\_\_\_  
 3rd Phone: \_\_\_\_\_ Whose? \_\_\_\_\_ 4th Phone: \_\_\_\_\_ Whose? \_\_\_\_\_

Chaperone 1 \_\_\_\_\_ 2 \_\_\_\_\_ Volunteer Needed? \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_  
Name and Relationship Name and Relationship

Recommended Site \_\_\_\_\_ Home \_\_\_\_\_ Other (see "Address for HHEC Service above") \_\_\_\_\_

**Instructional sites other than a student's or relative's home must be pre-approved. Please call Homebound-Hospital.**

### Social Worker's Information

School Social Worker Name \_\_\_\_\_ Contact Date \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Recommended Site \_\_\_\_\_

Other Recommendations:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Social Worker Signature \_\_\_\_\_ Date \_\_\_\_\_