



Homebound-Hospital Education Program

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 _____
- Authorized EC Out of School Placement
- 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 _____

Student's Educational Status (select) Regular Ed 504 Plan ESL Exceptional Child (EC)

**** If the student is EC, please indicate the student's exceptionality (s) _____

A school social work must make a home visit for an EC discipline or psych 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