

HANOVER COUNTY PUBLIC SCHOOLS

Homebound Request Form

2023-2024

Name of student:	Date of completion of form:	
Birthdate:	Parent/Guardian:	
School:	School Contact/School Counselor:	
Grade:	Student currently has:	<input type="radio"/> IEP <input type="radio"/> 504

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for periods that would prevent normal school attendance (8VAC20-131-180). The term “**confined at home or in a healthcare facility**” means the student is unable to participate in the normal day-to-day activities typically expected during school attendance; and, absences from home are infrequent, for periods of relatively short duration, or to receive health care treatment.

Delivery of homebound/homebased services may be delivered virtually or in person. When considering in person instruction, the impact of the COVID-19 pandemic requires infection control measures be in place and that the HCPS In-Home instruction Services Agreement is signed by the parent/guardian.

For students receiving services through a 504 Plan or Individual Education Plan (IEP), a 504 or IEP meeting must be scheduled to discuss any accommodations or services required.

Students receiving homebound instruction may not work or participate in extracurricular activities, non-academic activities (such as field trips), or community activities unless these activities are specifically outlined in the student’s medical plan of care or the Individualized Education Program (if applicable).

This section is to be completed by the parent/guardian or eligible student.

Name of Parent/Guardian or Eligible Student:		
Home Phone:	Work Phone:	Cell Phone:
Street Address:		
City:	State:	Zip Code:

Acknowledgement/Release: I acknowledge this request and agree with the need for homebound services. I further acknowledge that the requested homebound services for students receiving special education services shall be subject to review by the student's IEP Team pursuant to the *Individuals with Disabilities Education Act*.

I acknowledge that I will:

- Agree on an environment conducive to learning in which services can take place
- Ensure that a responsible adult is present for the duration of instruction, or provide transportation to another agreed upon facility
- Keep appointments with the homebound teacher or contact the teacher or homebound coordinator if an appointment must be missed.
- Understand that homebound is approved for a maximum of 9 weeks. If additional time is needed, I must provide an updated medical referral.
- Understand that approval for a medical referral for homebound is for services only. Any other requests should be addressed directly with the school.
- Understand that students receiving homebound instruction may not work or participate in extracurricular activities, non-academic activities (such as field trips or prom), or community activities unless these activities are specifically outlined in the student's medical plan of care or the Individualized Education Program (if applicable).
- By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the previous page or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

By my signature, I authorize the release and exchange of medical information between the health care provider, listed on the previous page or his/her designee, and school division personnel. My signature provides the health care provider(s) with the authorization necessary to disclose protected health information and records regarding said student as it pertains to the condition for which homebound instructional services are being requested. This authorization may be withdrawn at any time in writing.

Please note: Each page of this form, including parental permission to contact the treating physician or psychologist, must be fully completed in order for the student to be considered for homebound services. Homebound services will be provided through a virtual format or in person, while the student is in the home, a healthcare facility, or any other approved facility as agreed upon by the school division and parent or student who has reached the age of majority (eligible student).

Signature of Parent/Guardian or Eligible Student:	Date:

**Please fax the form to 804-752-4517 or email Stacy Stanford at sstanford@hcps.us

Signature of HCPS Homebound Coordinator:	Date:
Approved Dates: _____ to _____.	

****Please fax the form to 804-752-4517 or email Stacy Stanford at sstanford@hcps.us**

If you have questions related to the form, please contact Stacy Stanford at 804-365-8069 or via email at sstanford@hcps.us

**The Code of Virginia § 54.1-2957.02 states "whenever any law or regulation requires a signature, certification, stamp, verification, affidavit or endorsement by a physician, it shall be deemed to include a signature, certification, stamp, verification, affidavit or endorsement by a nurse practitioner."*