



### **What is Homebound?**

Homebound instructional services are for students who are **confined** at home or in a health care facility. “**Confined at home or in a health care 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, of relatively short duration, or only to receive health care treatment. These students are medically unable to participate in extracurricular activities or work outside the home.

**Only when ALL portions of the homebound application are complete can this application be submitted to the homebound office. Incomplete applications will not be processed and will be returned to the school.**

### **Components of the Homebound Application**

1. Parent/Guardian Section (1 page)
2. Medical Certification (2 pages)
3. School Recommendation (2 pages)

The parent completes components one and two above. Once **Parent and Medical** forms are complete, please return them to your child’s school and the homebound liaison will complete the school’s portion no later than 48 hours after the application has been submitted by the parent.

**Completed homebound applications are to be submitted via email to:  
[homeboundapplications@norfolkpublicschools.samanage.com](mailto:homeboundapplications@norfolkpublicschools.samanage.com)**

The application is **only valid for 30 days from date of the doctor’s signature**. Applications older than 30 days will be denied, and an updated medical portion will need to be completed.

### **Students with a Disability**

If a student with a disability is found eligible for homebound services, you will be notified by the homebound office to schedule the Individualized Education Plan (IEP) meeting. Once notified, you will consult with the homebound specialist and parent to determine a date, time, and location for the IEP meeting. The homebound program specialist will attend **ALL** homebound IEP amendment meetings. Once the parent provides consent for homebound services, forward the signed amended IEP and Prior Written Notice (PWN) containing homebound services to the homebound office via email to [afiraswa@nps.k12.va.us](mailto:afiraswa@nps.k12.va.us)



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## Parent/Guardian Section

**ALL sections must be completed, or the application will be considered incomplete.**

To be completed by parent/guardian. Additional questions about completing this form should be directed to the Homebound Program Specialist, Anna Frassmann-Swadinsky, at 757-628-3950 ext. 21107 or at [afraswa@nps.k12.va.us](mailto:afraswa@nps.k12.va.us)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Attending School: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Apt #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address (**REQUIRED**): \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Parent/Guardian Statement and Permission

I, \_\_\_\_\_ certify that \_\_\_\_\_ is confined to  
Parent/Guardian Name Student Name

**the home, hospital or a treatment facility and is unable to attend school or participate in regular day-to-day activities.** By my signature, I authorize the release and exchange of medical information between the health care provider 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.

Students receiving homebound instruction **may not** work or participate in extra-curricular 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. If approval prior to participation in such activities is not given in writing, this may cause a termination of services.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Print): \_\_\_\_\_



**Homebound Instruction – Medical Certification of Need**

**ALL Questions MUST be answered for application to be processed. Incomplete medical certifications will be denied. Please review medical certification for completion.**

To be completed by a licensed physician, psychiatrist, or a licensed clinical psychologist providing care to the student for the condition in which services are requested (2 pages). Additional questions about completing this form should be directed to the Homebound Program Specialist, Anna Frassmann-Swadinsky, at 757-628-3950 ext. 21107 or at [afraswa@nps.k12.va.us](mailto:afraswa@nps.k12.va.us)

**Provider Information**

Provider’s Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

License #: \_\_\_\_\_ Assisting Nurse/Contact Person: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_ Suite/Bldg #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

**Patient Information**

Student Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Date of most recent exam \_\_\_\_\_ Next Exam/Follow-up Date: \_\_\_\_\_

Is this student pregnant? Y/N **If Yes**, EDD: \_\_\_\_\_

Is this a high-risk pregnancy? Y/N

**Physical Medical Condition(s)**

Is this student **unable** to attend school regularly due to illness, surgery, or other **physical medical condition(s)**? Y/N

**IF YES**, what is the specific nature **and** extent of the physical illness or condition? (What about this illness/condition confines the student to the home and makes them unable to attend school for any length of time) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please specify the treatment plan (attach additional sheets if necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Mental Health Condition(s)**

Is this student **unable** to attend school regularly due to a **mental health diagnosis**? Y/N

**IF YES**, what is the specific nature and extent of the mental health diagnosis? (What about this diagnosis confines the student to the home and makes them unable to attend school for any length of time) \_\_\_\_\_

\_\_\_\_\_  
Please specify the treatment plan (attach additional sheets if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Mandatory Questions**

Is this illness/treatment intermittent? Y/N Is this illness/treatment continuous? Y/N

Are the parent/guardians and student complying with the treatment plan? Y/N

**IF NO**, please explain: \_\_\_\_\_

Could the student attend school (even part time) if accommodations are made Y/N?

**IF YES**, what accommodations are needed? \_\_\_\_\_

**IF NO**, please explain: \_\_\_\_\_

Can this student attend school part-time? Y/N If yes, maximum number of hours per day: \_\_\_\_\_

Date homebound instruction should begin: \_\_\_\_\_ Estimated date of return\*: \_\_\_\_\_

*\*Anything beyond 9 weeks/45 days from the start date will require a Medical Need Extension Request Form*

Homebound instruction shall be made available to students who are **confined** at home or in a health care facility for period that would prevent normal school attendance (8VAC20-131-180). The term “confined at home or in a health care 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.

**By signing below, as the licensed doctor, you certify the above statement applies to the patient on this form:**

X \_\_\_\_\_ License #: \_\_\_\_\_  
**(Signature of licensed physician, psychiatrist, or licensed psychologist)**

X \_\_\_\_\_ Date: \_\_\_\_\_  
**(Printed name of licensed physician or licensed psychologist/psychiatrist)**



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## School Recommendation

**ALL Questions must be answered, or the application will be considered incomplete.**

The School Recommendation must be signed and submitted by the building homebound liaison (identified by the building principal, usually an AP or counselor). Additional questions about completing this form should be directed to the Homebound Program Specialist, Anna Frassmann-Swadinsky, at 757-628-3950 ext. 21107 or at [afraswa@nps.k12.va.us](mailto:afraswa@nps.k12.va.us)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Grade: \_\_\_\_\_

Attending School: \_\_\_\_\_ School Phone Number: \_\_\_\_\_

Student Number: \_\_\_\_\_

Student Data Specialist (SDS): \_\_\_\_\_ Email: \_\_\_\_\_

Student's Counselor: \_\_\_\_\_ Email: \_\_\_\_\_

School Homebound Liaison Name: \_\_\_\_\_

Email: \_\_\_\_\_ Homebound Liaison Phone: \_\_\_\_\_

IEP/504 Case Manager (if applicable): \_\_\_\_\_ Email: \_\_\_\_\_

Date parent submitted completed referral (all forms): \_\_\_\_\_

### SCHOOL STATEMENT

*The school team has reviewed the attached form, Part I (Parental/Guardian Request) and Part II (Medical Certification of Need) for homebound instructional services and recommends the following:*

**ALL SECTIONS BELOW MUST BE COMPLETED.**

1. The student **SHOULD / SHOULD NOT** receive homebound instructional services as requested. **If SHOULD NOT**, please explain why: (attach additional sheets as necessary):  
\_\_\_\_\_
2. Homebound services **should not** be considered because the student's needs can possibly be met with a 504 plan? **Y/N**
3. Has this student ever been referred for **attendance/truancy**? **Y/N** If **YES**, please list dates and outcomes of the case. \_\_\_\_\_  
\_\_\_\_\_
4. Attendance: Number of days of unexcused absences: \_\_\_\_\_ excused absences: \_\_\_\_\_



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### Student Instructional Information: Please Choose All Appropriate Options:

- Virtual Learning with an instructor (must have internet service and a computer)
- Virtual Learning – self-paced online program (must have internet service and a computer)
- In-Person teacher – Student served with an adult age 21 or older present.
- Student has an IEP/504     Current **IEP** is attached     Current **504 Plan** is attached

Date of homebound IEP Amendment: [Click to enter a date.](#) (must be complete before services can begin)

### Current courses/classes for which the student is eligible for homebound instruction.

<b>Teacher Name:</b>	Email:
Subject:	Check all that apply: <input type="checkbox"/> SOL <input type="checkbox"/> VAAP <input type="checkbox"/> PALS
Current Grade:	Date(s) of the above assessments:
<b>Teacher Name:</b>	Email:
Subject:	Check all that apply: <input type="checkbox"/> SOL <input type="checkbox"/> VAAP <input type="checkbox"/> PALS
Current Grade:	Date(s) of the above assessments:
<b>Teacher Name:</b>	Email:
Subject:	Check all that apply: <input type="checkbox"/> SOL <input type="checkbox"/> VAAP <input type="checkbox"/> PALS
Current Grade:	Date(s) of the above assessments:
<b>Teacher Name:</b>	Email:
Subject:	Check all that apply: <input type="checkbox"/> SOL <input type="checkbox"/> VAAP <input type="checkbox"/> PALS
Current Grade:	Date(s) of the above assessments:
<b>Teacher Name:</b>	Email:
Subject:	Check all that apply: <input type="checkbox"/> SOL <input type="checkbox"/> VAAP <input type="checkbox"/> PALS
Current Grade:	Date(s) of the above assessments:

Homebound Liaison/Designee (print): \_\_\_\_\_

Homebound Liaison/Designee (signature): \_\_\_\_\_ Date: \_\_\_\_\_