

**CALCASIEU PARISH SCHOOL BOARD  
HOSPITAL/HOMEBOUND  
100 N. PRATER ST., LAKE CHARLES LA 70601  
TELEPHONE: 337.217.4980, EXT. 3808 FAX: 337.217.4311**

**THIS FORM TO BE COMPLETED BY THE SCHOOL  
COUNSELOR AND FAXED TO THE HOSPITAL/HOMEBOUND  
DEPARTMENT**

Title	Document:	HHB 00
Date:	Revision Date:	9/15
	Page:	1 of 1

STUDENT ID \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

AGE: \_\_\_\_\_

SEX \_\_\_\_\_

SS# \_\_\_\_\_

SCHOOL \_\_\_\_\_

GRADE \_\_\_\_\_

PARENT NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAIL ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

WORK PHONE \_\_\_\_\_

REASON FOR HOMEBOUND REQUEST  
PLEASE CIRCLE ONE  
PLEASE SPECIFY

MEDICAL

PSYCHOLOGICAL

PREGNANCY

IF PREGNANCY, DUE DATE \_\_\_\_\_

PROBATION OFFICER, if applicable \_\_\_\_\_

Contact Information \_\_\_\_\_

Does the student currently have an IEP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a copy.

Does the student currently have an IAP? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, attach a copy.

School Counselor's Name: \_\_\_\_\_

School Counselor Phone #: \_\_\_\_\_

DATE GIVEN TO PARENT: \_\_\_\_\_

**NOTE: This form does not automatically enter a student into the Hospital/Homebound Program. Hospital/Homebound Program placement does not begin for a student until all eligibility criteria have been met, as determined by the Director of Alternative Programs.**

Original – School Counselor

Copies: Hospital/Homebound File - fax to 337.217.4311 -Shanice Fowler-Clerk  
Parent with Hospital/Homebound Packet

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND  
100 N. PRATER, LAKE CHARLES, LA 70601 TELEPHONE:  
337.217.4980, EXT. 3808 FAX: 337.217.4311**

<b>Title:</b> School Age Mothers (SAM) Program Parent Letter	<b>Document:</b> HHB 01C
<b>Date:</b> _____	<b>Revision Date:</b> 9/15
	<b>Page:</b> 1 of 1

---

Parent Name: \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Student Name \_\_\_\_\_  
DOB \_\_\_\_\_  
School \_\_\_\_\_

Dear Parent(s):

Please have the enclosed forms completed by the attending physician for pregnancy reasons if you desire School Age Mothers (SAM) Program services for your child. The forms must be returned in the self-addressed envelope immediately or hand delivered Hospital/Homebound Dept., 100 N. Prater St., Lake Charles, LA 70601.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Director of Alternative Programs. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

**Necessary arrangements will be made upon receipt and a successful review of the following forms:**

- (1) the Hospital/Homebound Application Form (Form HHB 00)**
- (2) the SAM Physician Verification Form (Form HHB 02C)**
- (3) the SAM Physician's Referral Form for Temporary Placement for Pregnancy with Complications (Form HHB 03C)**
- (4) the Hospital/Homebound Reciprocal Release of Information Form, (Form HHB 04)**

The parent/legal guardian is responsible for completing all necessary paperwork as soon as possible to avoid unnecessary absences. All forms must be completed prior to placement in the Hospital/Homebound Program.

Sincerely,  
Director of Alternative Programs  
Ronnie Harvey

Enclosure  
Copy: File

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND  
100 N. PRATER ST., LAKE CHARLES, LA 70601  
TELEPHONE: 337.217.4980, EXT. 3808 FAX: 337.217.4311**

## **TREATMENT PROVIDERS – PLEASE NOTE**

The following Hospital/Homebound Referral Form is to be filled out completely. Each item must be completed in order for the student to be considered for placement in the Hospital/Homebound Program.

If any item is not filled out completely, this will result in the student's placement in the Hospital/Homebound Program being denied or delayed.

For questions or further information, please call Shanice Fowler at (337) 217.4980 ext. 3808.

I appreciate your assistance and cooperation.

Sincerely,

**Shanice Fowler, Clerk  
Hospital/Homebound Program**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND  
100 N. PRATER., LAKE CHARLES, LA 70601  
TELEPHONE: 337.217.4980, EXT. 3808 FAX: 337.217.4311**

**Title: School Age Mothers (SAM) Program Physician  
Verification Form**

**Document: HHB 02C  
Revision Date: 9/15  
Page: 1 of 1**

---

Physician Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Student Name \_\_\_\_\_

DOB \_\_\_\_\_

School \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Hospital/Homebound is the most restrictive environment in education. Therefore, it is advantageous for the student to return to the least restrictive environment, which is the regular school setting.

According to state and parish guidelines, a student is eligible for Hospital/Homebound instruction on the 11<sup>th</sup> school day following an absence of more than ten (10) consecutive school days for a qualifying illness. Hospital/Homebound placement does not begin for a student until all eligibility criteria have been met, as determined by the Director of Alternative Programs. Hospital/Homebound teachers are only responsible for work missed during Hospital/Homebound placement.

A licensed physician's verification that the student is receiving ongoing care and treatment is necessary each six (6) weeks. It will be the responsibility of the parent/guardian to schedule appointments and have the appropriate form completed and signed each six (6) weeks documenting treatment dates for a student to continue being eligible for the School Age Mothers (SAM) Program.

Your cooperation in helping our students is appreciated.

Sincerely,  
Director of Alternative Programs  
Ronnie Harvey

**Please sign**

→ \_\_\_\_\_

Physician's Signature

**Please date**

→ \_\_\_\_\_

Date

Licensed physician's signature is necessary for student's application to be considered for placement in the SAM Program. Please attach to form HHB-03C.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND  
100 N. PRATER ST., LAKE CHARLES, LA 70601  
TELEPHONE: 337.217.4980, EXT. 3808 FAX: 337.217.4311**

<b>Title:</b>	<b>School Age Mothers (SAM) Program Referral For Temporary Placement For Pregnancy with Complications</b>	<b>Document:</b>	<b>HHB 03C</b>
		<b>Revision Date:</b>	<b>9/15</b>
<b>Date:</b>		<b>Page:</b>	<b>1</b>

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
 School \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_  
 Parent Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Home Address \_\_\_\_\_

**Medical Certification: THIS SECTION IS TO BE COMPLETED BY A PROPERLY CERTIFIED PHYSICIAN.** The undersigned certifies that the above named student is unable to attend school for the following **MEDICAL** reason.

**Due Date** \_\_\_\_\_

Medication \_\_\_\_\_ Negative effects, if any \_\_\_\_\_

IS THE STUDENT ABLE TO ATTEND REGULAR SCHOOL WITH THE ABOVE DIAGNOSIS? \_\_\_\_ YES \_\_\_\_ NO

IF NO, HOW DOES THE ABOVE DIAGNOSIS AFFECT THE EDUCATIONAL HOURS? \_\_\_\_\_

DOES THE STUDENT HAVE AN INFECTIOUS OR COMMUNICABLE DISEASE? \_\_\_\_ YES \_\_\_\_ NO

IF YES, PLEASE LIST NECESSARY PRECAUTIONS \_\_\_\_\_

Date of last examination/treatment: \_\_\_\_\_

The Calcasieu Parish School Board requires a Treatment Plan completed by a physician if the student is to qualify for the Hospital/Homebound Program.

I certify that the student is receiving a program of care and treatment as prescribed below and I will verify the student's continuing qualification by completing HHB 03C a minimum of every nine weeks.

Physician's Name (Type or Print) \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Physician's Original Signature \_\_\_\_\_ Date \_\_\_\_\_

**STAMPED SIGNATURE WILL NOT BE ACCEPTABLE\*\*\***

**MAIL THE ORIGINAL TO: 100 N. PRATER., LAKE CHARLES, LA 70601 ATTN:  
HOMEBOUND FAX #337.217.4311**

COPY Student - Teacher - Director of Alternative Programs - Counselor's Office

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND**

**100 N. PRATER ST., LAKE CHARLES, LA 70601**

**TELEPHONE: 337.217.4980, EXT. 3808 FAX: 337.217.4311**

**Title: Hospital/Homebound Reciprocal Release of  
Information**

**Document: HHB 04**

**Revision Date: 9/15**

**Date:**

**Page: 1 of 1**

---

This release authorizes Calcasieu Parish School Board to release to the physician listed below:

\_\_\_\_\_  
**Physician Name**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City, State, Zip**

\_\_\_\_\_  
**Parish/County**

any of the following information.

This release authorizes: **(Physician's Name)** \_\_\_\_\_

To release to:

Calcasieu Parish School Board  
Hospital/Homebound Program  
100 N. Prater St.  
Lake Charles, LA 70601  
Phone: 337.217.4890, ext. 3808  
Fax: 337.217.4311

**Attention: Director of Alternative Programs**

Information as described below pertaining to:

\_\_\_\_\_  
**Student Name**

\_\_\_\_\_  
**Date of Birth**

Any of the following information:

\_\_\_\_\_ Medical

\_\_\_\_\_ Social

\_\_\_\_\_ Psychological

\_\_\_\_\_ IEP

\_\_\_\_\_ IHCP

\_\_\_\_\_ Educational Evaluation

\_\_\_\_\_ IAP

\_\_\_\_\_ Other \_\_\_\_\_

This information is requested to assist in determining eligibility for Special Education services or Hospital/Homebound services, and will not be released to any other source or used for any purpose other than the one stated above.

This authorization is effective from the date of the appended signature and will remain in effect for one (1) calendar year. Authorization is subject to written revocation at any time except to the extent that action has already been taken in reliance upon this document.

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date of Signature**

\_\_\_\_\_  
**Signature of Witness**

\_\_\_\_\_  
**Date of Witness Signature**

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND  
100 N. PRATER, ST., LAKE CHARLES, LA 70601  
TELEPHONE: 337.217.4980, EXT. 3808 FAX: 337.217.4311**

**Responsibilities of the Parent**

**Parents of a student requiring hospital/homebound instruction are responsible for:**

- registering the student in a Calcasieu Parish School Board prior to applying for hospital/homebound services;
- notifying the school counselor if the student has an injury or illness that would require an absence of ten (10) consecutive school days or more;
- submitting the completed Hospital/Homebound Packet Forms for hospital/homebound services to the Hospital/Homebound Department which include the following:
  - Hospital/Homebound Referral for Temporary Placement for Physical Illness or Injury (Form HHB 03A), or Hospital/Homebound for Temporary Placement for Psychological Condition (Form HHB 03B), or School Age Mothers (SAM) Program for Temporary Placement for Pregnancy with Complication (Form HHB 03C),
  - The appropriate Hospital/Homebound Physician/Psychologist Verification Form (Form HHB 02A, HHB 02B, or HHB 02C), and
  - Hospital/Homebound Reciprocal Release of Information Form (Form HHB 04)
- ensuring that hospital/homebound student's textbooks and workbooks are picked up from the school prior to first class;
- attending IEP/504 conference with Hospital/Homebound IEP/IAP Teacher on the agreed time and date;
- reading, signing, and adhering to Hospital/Homebound Rules and Regulations for Parents, Students, and Teachers (Form HHB 13);
- cooperating with the hospital/homebound teacher in scheduling days, time, and location of hospital/homebound class sessions;
- transporting the hospital/homebound student in a prompt manner to and from hospital/homebound classes, when held at a location other than home;
- scheduling of required treatment plan and providing updated medical form and documentation of plan to the hospital/homebound teacher each nine weeks) every nine weeks;
- ensuring that all prior school work (assignments and incompletes ("I"s) prior to hospital/homebound placement, will be completed by the student independent of the hospital/homebound teacher;
- ensuring that all previous classroom absences, prior to hospital/homebound placement, are addressed with the school;
- ensuring that a medical release is given to the hospital/homebound teacher and to the home based school prior to release date of hospital/homebound services;
- ensuring the student attends his/her school on the release date;
- ensuring that any or all textbooks, library books, etc. used exclusively while on hospital/homebound are returned to the school upon reentry to a regular school setting; and
- ensuring that the hospital/homebound student is prepared for class and ready to receive instruction during the scheduled time.

**CALCASIEU PARISH SCHOOL SYSTEM  
HOSPITAL/HOMEBOUND  
100 N. PRATER ST., LAKE CHARLES, LA 70601 TELEPHONE:  
337.217.4980, EXT. 3808 FAX: 337.217.4311**

**Responsibilities of the Hospital/Homebound Student**

A **student** placed on the Hospital/Homebound Program is responsible for:

- adhering to Hospital/Homebound Rules and Regulations for Parents, Students and Teachers;
- securing textbooks, workbooks, and supplies obtained prior to first hospital/ homebound class;
- attending scheduled classes;
- completing all assigned lessons;
- scheduling all appointments at times other than those set aside for instruction;
- cooperating in establishing an appropriate learning environment. The following **are not allowed** in the home during instructional time: pets, smoking, consuming alcoholic beverages or illegal substances, playing television or radio, or using inappropriate language;
- following the school's Visitation Policy when desiring to visit his/her home based school;
- working with his/her home based school to fulfill all attendance, assignments, class requirements, and graduation procedures prior to placement into the Hospital/Homebound Program;
- completing all assignments and tests within the next nine weeks period to clear incompletes ("I"s) assigned while on the Hospital/Homebound Program the previous nine weeks. Assignments and tests not completed within the next nine weeks period will receive a grade of zero; and
- providing the appropriate updated medical referral form to the Hospital/Homebound Department if the probable period of confinement requires an extension of service.

**NOTE:**

**Senior students are responsible for knowing and fulfilling graduation procedures and requirements mandated by their home based school.**