Dr. James Gray
Superintendent

Ajit Pethe
Chief of Schools

HH 1

HOSPITAL/HOMEBOUND SCREENING FORM

***To be completed by a school administrator or designee and faxed to (504) 484-8191**

This form initiates the referral process and does not guarantee that the student will qualify for Hospital/Homebound services. An application for Hospital/Homebound services must be completed by the student's licensed medical provider verifying a qualifying physical or psychological condition that inhibits the student's ability to attend school daily. Eligibility will be determined by the Hospital/Homebound department upon receipt of the application, directly from the licensed provider, and review of the application form.

Referring School:_____Date of Referral: _____

Person Completing form:_____ Contact #: _____

Student Name:_____DOB: _____ Age: _____ Sex: _____

Parent/Guardian Name: _____

Address:_____City:_____State:_____ Zip Code:_____

Home Phone:_____Cell Phone:_____Email address: _____

Grade:_____Teacher/Counselor's Name: _____

_____Student has a current IEP Exceptionality:_____

_____Student has a current IAP (Section 504)

*If either is checked, please attach the plan to this form

Reason for H/H Referral: (Check One of the following)

_____Physical Illness/Injury Diagnosis:_____

_____Pregnancy Due Date: _____

_____Psychological Condition Diagnosis: _____

Anticipated date that student will begin Hospital/Homebound services:_____

Anticipated duration of Hospital/Homebound services: _____

Does the student have a computer/laptop in their home?_____High speed internet service? _____

Date that the Hospital/Homebound form was provided to parent: _____

JP Schools Hospital/Homebound Office
822 S. Clearview Parkway, Harahan, Louisiana 70123
Office 504-736-7382/7383 • Fax 504-484-8191 • jpschools.org/Page/314