



Homebound Instruction Department
 Special School District of St. Louis County
 12110 Clayton Road
 Town and Country, MO 63131
 314-989-8307 or 314-222-0212
 Homebound@ssdmo.org FAX 314-989-8410

Homebound Instruction Student Application

Complete form & "Save As" with student's last and first name, then send form to:

Homebound@ssdmo.org FAX 314-989-8410

Part 1 of 4: Request for Service

Required for all Students

1. STUDENT INFORMATION

This section must be completed by school personnel.

Date of Application: _____ Anticipated Dates of Homebound Service: _____ To: _____ Non-Disabled Student Student has IEP (Complete Section 3)

Type of Application: Medical - Full Time (Part 4 of 4 must be completed) Suspension/Expulsion Describe behavior: _____ (If student has IEP, complete Manifestation Documentation)

(Choose one please) Medical - Intermittent (Part 4 of 4 must be completed) IEP Placement (Includes Suspensions, found Related) (Service for student with behavior issues, will be in public location) Admin Request: Reason Required: _____ (Requires pre-approval by Administrator, and reason for homebound must be noted.)

Student: _____ MOSIS # _____ SSD #: _____ Birthday: _____ Age: _____ Grade: _____ Gender: _____
First name Middle name (REQUIRED) Last name

Parent or Guardian: _____ Please indicate the relationship to the student. Parent(s) Surrogate Parent Aunt/Uncle Caseworker Adult Student (self)
 Foster Family D.F.S. Worker Grandparent(s) Other: _____

Address: _____ City: _____ State: _____ Zip code: _____

Is the student a Voluntary Transfer Student (VICC)? Yes No
 If yes, please contact the Homebound Office directly with questions.

Ethnicity/Race: Please select all that apply. No, not Hispanic/Latino Asian Black/African American Native Hawaiian/Pacific Islander
 Yes, Hispanic/Latino White Native American/Eskimo (You may choose more than one.)

Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

Do parents/guardians read/understand (or have someone in household to translate) English documents? Yes No If no, what language? _____

2. SCHOOL INFORMATION

This section must be completed by school personnel.

School Attends: _____ Phone #: _____ Fax #: _____ District: _____

Address: _____ City: _____ State: _____ Zip code: _____

School Counselor: _____ Phone #: _____ E-mail: _____

Teacher or IEP Casemanager: _____ Phone #: _____ E-mail: _____

Principal or Area Coordinator: _____ Phone #: _____ E-mail: _____

Please list the school based teacher(s) who will provide curriculum. Include the course name(s), the semester and the teacher's contact information. This will be shared with the homebound teacher to allow direct contact between all the teachers. Please remember the student must remain enrolled in the school and the school based teacher(s) continue(s) to be teacher of record and is/are responsible for determining final grades. The school, not the homebound teacher or department, will make determinations for course credit(s) and maintain the student's transcript and permanent record. Students may work on additional classes without homebound support per their district policy.

Course #1: _____ General Ed. 1st Semester Traditional *If on-line, District Software: _____
 Special Ed. 2nd Semester On-line * indicate ->: H.O.P.E. - Homebound provides Software

Teacher of Record: _____ Phone #: _____ E-mail: _____

Course #2: _____ General Ed. 1st Semester Traditional *If on-line, District Software: _____
 Special Ed. 2nd Semester On-line * indicate ->: H.O.P.E. - Homebound provides Software

Teacher of Record: _____ Phone #: _____ E-mail: _____

Please provide an alternate course in the event an appropriately credentialed homebound teacher is not available for the courses above:

Alternate: _____ General Ed. 1st Semester Traditional *If on-line, District Software: _____
 Special Ed. 2nd Semester On-line * indicate ->: H.O.P.E. - Homebound provides Software

Teacher of Record: _____ Phone #: _____ E-mail: _____

3. SPECIAL EDUCATION INFORMATION

This section must be completed by special education personnel.

Please note: Students with IEPs who access Homebound services may require an IEP/addendum that is written for homebound placement. Contact Kari Rinkus at 989-8433 or krinkus@ssdmo.org for help with IEPs. Notify us when IEP is locked. Please consult related service provider(s) prior to assigning related service(s) while on homebound.

Is the IEP written for homebound? Yes No Number of minutes/week of homebound? _____ Related Services? _____

Is student out for behavior reasons? Yes No Describe behavior: _____

Does student have a history of aggression? Yes No Please note if student is incarcerated, or otherwise not available: _____

Is student currently suspended? Yes No Date of incident?: _____ Suspension start date: _____ Suspension end date: _____

Was behavior found related to the disability? Yes No Date of discipline hearing?: _____ Total # of suspension days prior to this application?: _____

Is team requesting compensatory services? Yes No Describe compensatory time: _____

Additional Information: _____

4. SCHOOL VERIFICATION

This section must be completed by school personnel.

This completed form and all required supporting documentation has been compiled and submitted to the Homebound Department by the school representative below:

Person completing application: _____ Phone #: _____ E-mail: _____

Special requests/instructions: _____

5. DISTRICT APPROVAL **If** required by your district, please have authorized representative sign here:

Name: _____ Signature: _____ Date: _____

"Special School District will provide homebound instruction for students, who in the judgement of the superintendent or designee, could profit by such instruction and upon approval of the application and determination by district personnel that the student can educationally benefit from such a program." SSD Board Policy IGBG

E-mail completed form with supporting documentation to: **Homebound@ssdmo.org**
 or bring to SSD Homebound Dept., 12110 Clayton Road, Town & Country, MO 63131
 or FAX to: 314-989-8410 Call 314-989-8307 for assistance. updated 8/14/2018



To parents/guardians of students requiring homebound instruction,

Special School District will provide general education, special education, and related services in a homebound setting, during the dates when school is ordinarily in session, for those students whose needs cannot be appropriately met in the school setting. Upon approval of the application and determination by District personnel that the student can benefit from such a program, homebound instruction will be provided to students for the following reasons:¹

- Medical/Psychological
- Suspension/Expulsion/Incarceration
- IEP Placement (Programmatic)

The provision of homebound services is a cooperative effort between the home and school and requires shared responsibilities in order to be successful. The parent's role is an important one and includes the following:

- Communicate with the school regarding the need for homebound instruction
- Complete the Parent Sign-off Form (attached) for homebound instruction
- Work with homebound teacher to establish mutually agreeable times for homebound instruction
- Arrange a suitable place for homebound instruction in the home (if instruction is to take place there)
- Agree to an appropriate library or community location for homebound services and provide transportation for the student to that location (if applicable)
- Ensure the student is present and ready to work for all homebound sessions
- Contact homebound teacher directly if the student is unavailable for instruction
- Be present (or provide for a responsible adult to be present) in the home or community location during all periods of homebound instruction²
- Inform school and prepare student for transition back to school as appropriate
- Contact homebound office if there are any concerns

Additional requirements for Medical/Psychological applications only:

- Submit completed application to physician and return signed form to the homebound office³
- Sign a release to exchange information with the physician who recommended homebound service⁴
- Provide the school and the homebound department with a new authorization from the physician if a service extension is required

Regular attendance is important for homebound instruction. The district will not make up services missed due to lack of student attendance in homebound sessions or for the unavailability of the student.

Homebound attendance is required under the Mandatory School Attendance Law and is submitted to the Department of Elementary and Secondary Education. Failure to participate in homebound instruction is considered truancy.

We look forward to working with you and your child to provide educational services. Please do not hesitate to call us if we can be of any assistance or answer any questions you might have.

Sincerely,

SSD Homebound Department

¹ Please refer to SSD board policy IGBG Homebound Instruction

² Please refer to SSD board policy IGBG Homebound Instruction

³ Please refer to SSD board policy IGBG Homebound Instruction

⁴ Please refer to SSD board policy IGBG Homebound Instruction



Homebound Instruction Student Application

Part 3 of 4: Parent Sign-off Form

School personnel should e-mail form to: **Homebound@ssdmo.org** Required for all Students

7. PARENT SIGN-OFF FORM This page must be provided to parents by school personnel and returned to homebound when complete.

To PARENT or LEGAL GUARDIAN: An application is being submitted to Special School District to request homebound service for the student below. Please review (or complete) your contact information, check it for accuracy, and make corrections if needed. Then read the sections below, check the appropriate boxes, sign and date the form, and return it to the student's school so that this form can be submitted to the SSD Homebound Department with the student's homebound application packet.

Student's Name: _____ SSD #: _____ Birthday: _____ Age: _____ Grade: _____ Gender: _____

Parent or Guardian: _____ Please indicate the relationship to the student. Parent(s) Surrogate Parent Aunt/Uncle Caseworker Adult Student (self)
 Foster Family D.F.S. Worker Grandparent(s) Other: _____

Address: _____ City: _____ State: _____ Zip code: _____

Is the student a Voluntary Transfer Student (VICC)? Yes No
 If yes, please contact the Homebound Office directly for instructions.

Ethnicity/Race: Please select all that apply. No, not Hispanic/Latino Asian Black/African American Native Hawaiian/Pacific Islander
 Yes, Hispanic/Latino White Native American/Eskimo (You may choose more than one.)

Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

Do parents/guardians read/understand (or have someone in household to translate) English documents? Yes No If no, what language? _____

Do you have internet access at home? Yes No Do you have the ability to transport your child to a public location, if required. (See below) Yes No

School Attends: _____ Phone #: _____ Fax #: _____ District: _____

Required for all students	<input type="checkbox"/> Be present (or provide for a responsible adult to be present) in the home or community location during all periods of homebound instruction. If I cannot be present the following responsible adult(s) will be present and has authorization to make educational and medical decisions for the student in my absence : Names(s) _____ Relationship(s) _____ NOTE: If the services will be at a public library, you may elect to have the library staff be the "responsible adult" unless district personnel specifically require a family member to be present for the student's safety. If so, indicate "library staff" on the line above.
Mark One Note: Services for students who are suspended, or students who are not in school because of their behavior(s), must be in a public place.	<input type="checkbox"/> Arrange a suitable place for homebound instruction in the home (if instruction is to take place there). <input type="checkbox"/> Agree to an appropriate library or community location within St. Louis County (if applicable) for homebound services and provide transportation for the student to that location. My preferred location is: _____
Both are required for Medical or Psychological homebound services	<input type="checkbox"/> Complete the current physician's information and sign section 9 of the "Physician and/or Agency Release Form" for the physician who is recommending homebound service. <input type="checkbox"/> Give the signed form to the student's physician and ask for completion of the Medical Authorization section. Ask the physician to return the completed form to the school so the school personnel can review it and submit it to the SSD Homebound Department.
Required for students from Agencies or Non-Public schools	<input type="checkbox"/> Complete the current agency's information and sign section 9 of the "Physician and/or Agency Release Form."
If no service is required	<input type="checkbox"/> I am declining homebound services at this time.

I acknowledge receipt of the Homebound Instruction Student Application Parent Letter, and understand that homebound services cannot be considered, approved or initiated until all the necessary paperwork (including this form) is complete and in the homebound office and I agree to the items checked above:

Signature of Parent/Guardian: _____ Date: _____



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Homebound Instruction Student Application

Part 4 of 4: Physician and/or Agency Release and Physician's Authorization Form (REQUIRED for Medical Applications)

8. STUDENT AND SCHOOL INFORMATION

This section must be completed by the school or the parent.

Student's Name: _____ SSD #: _____ School: _____
 Parent or Guardian: _____ Birthday: _____ District: _____
 Address: _____ Age: _____ Grade: _____ Gender: _____ School Phone #: _____
 City: _____ State: _____ Zip code: _____ School Fax #: _____
 Home #: _____ Work #: _____ Cell #: _____ E-mail: _____

9. RELEASE OF INFORMATION FOR PHYSICIAN AND/OR AGENCY

This section must be completed by the parent or legal guardian.

This section is required to be completed by the parent/guardian of student, (or the student if the student is over 18 years old,) ONCE per school year, in order to authorize the exchange of information with the PHYSICIAN recommending homebound service for medical or psychological reasons.

Doctor's Name: _____ Doctor's Office: _____
 Address: _____ Type of Doctor: _____
 City: _____ State: _____ Zip: _____ Office #: _____ Fax #: _____

This section is required to be completed by the parent/guardian of student, (or the student if the student is over 18 years old,) ONCE per school year, in order to authorize the exchange of information with a NON-PUBLIC, PRIVATE or OTHER AGENCY.

Agency's Name: _____ Contact Person: _____
 Address: _____ Contact's Role/Title: _____
 City: _____ State: _____ Zip: _____ Office #: _____ Fax #: _____

I hereby give my permission for the Special School District and this student's school and/or district to exchange information which could include the following: student progress reports, multi-disciplinary evaluation report, mental health assessment report, IEP, behavior rating scales, attendance and medical information in verbal and/or written form, with the physician and/or agency listed above, as needed for educational reasons to make determinations regarding homebound services.

Check Parent(s) Print Name: _____ Signature: _____ Date: _____
 one Legal Guardian
 please Adult Student This signature of the parent or legal guardian (or student if 18 years old) authorizes exchange of information as described above.

10. MEDICAL AUTHORIZATION

This section must be completed by a licensed physician.

Per SSD Board Policy IGBG: "The student's medical doctor, doctor of osteopathy, psychiatrist, or psychologist must request the Homebound instruction." Services for mental health reasons require reauthorization every nine weeks.

Student's medical or psychological diagnosis: _____

Does this condition prevent the student from attending a regular full day school schedule? Yes No If yes, please mark one here -> Full time: student will be absent every full day for a set time period noted below Intermittent: student will be absent occasionally for an extended period of time

How long is it anticipated that homebound services will be required and for what reason? _____

If surgery, indicate date: _____ If pregnant, indicate due date: _____ If required, antepartum homebound to begin: _____

Describe the plan for student's re-entry into the regular school environment as soon as possible. Include medically required school supports: _____

Print Physician's Name: _____ Physician's signature _____ Date: _____
 Address: _____ Check degree: M.D. D.O. Psychiatrist Psychologist Other: _____
 City: _____ State: _____ Zip code: _____ Work #: _____ Fax #: _____

Please return this completed form to the student's school. The school personnel will review it and make a determination about the need for homebound services. The school will then submit this document, along with the other application documents to the SSD Homebound Department, who will set up the educational services.

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