



## Referral and Request for Homebound Services

Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

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

Grade: \_\_\_\_\_

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

Student's Address: \_\_\_\_\_

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

Student has an IEP/504: ☐ YES ☐ NO If yes, which one? \_\_\_\_\_

Special Ed. Case Manager (if applicable): \_\_\_\_\_

School Section 504 Liaison (if applicable): \_\_\_\_\_

Reason for requesting Homebound Services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please attach any pertinent medical documentation to this request.***

### Consent for Medical Release

Medical Professional's Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Medical Professional's Name \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**By my below signature, the above listed medical providers have my permission to release medical documentation and provide clarification to Birmingham City Schools for the purpose of completing my child's Referral/Evaluation for Homebound Services and/or completion of a Section 504 Plan.**

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

**Please return form via email to: District 504 Support, Evelyn Jones @ [ejones@bhm.k12.al.us](mailto:ejones@bhm.k12.al.us). For any additional Section 504 questions or concerns email Evelyn Jones@ [ejones@bhm.k12.al.us](mailto:ejones@bhm.k12.al.us).**