

Hospital/Homebound Services  
2929 County Road 193  
Clearwater, FL 33759

Phone: (727) 588-6502  
FAX: (727) 669-1192  
Pony: Bernice Johnson Center

**Hospital/Homebound (H/H) Policies**

- A licensed physician must certify that the student will be absent from school due to a physical or psychiatric condition that confines the student to the home or hospital for at least 15 consecutive school days (or the equivalent on a block schedule) and will be able to participate in and benefit from instruction. There is no waiting period to apply.
- The student must be under medical care for an illness or injury which is acute, catastrophic, or chronic in nature.
- The student can receive an instructional program without endangering the health and safety of the instructor or other students with whom the instructor may come in contact.
- Parent, guardian, primary care giver, or hospital administrator has signed an agreement concerning H/H policies; this may include a telecommunication agreement.
- Student is enrolled in a public school prior to referral. The exception is if a student has already been found eligible as a student with a disability by a Florida school district, then enrollment can be deferred until the H/H eligibility is made.
- A student who is diagnosed by a physician as chronically ill who will be out for treatments or recovery periods causing absences of at least 15 consecutive school days, may be considered for Chronically Ill Co-served (CICO).
- The Florida State Board of Education Rules define a H/H student as a student diagnosed with a medical or psychiatric condition which **confines the student to home or hospital** and whose activities are restricted for an extended period of time. If the student's medical or psychiatric condition has improved to a level that would allow the student to engage in activity outside the home or hospital setting, an IEP Team meeting will be convened to discuss data and a possible reevaluation.
- Pregnancy is not considered a medical condition that meets eligibility criteria for H/H services unless a physician certifies that the medical condition confines the student to the home or hospital and restricts her activities for at least 15 consecutive school days. Medical information for a pregnant student needs to include: 1) the specific medical condition, 2) the estimated date of delivery, and 3) the estimated length of time the student will be confined.
- Referral by a Florida licensed physician/psychiatrist represents evaluation data to be reviewed by the IEP committee. It does not mandate Hospital/Homebound services.
- **All information on this form and the Hospital/Homebound Services Physician/Psychiatrist Referral PCS form 2-3291 must be completed in full before eligibility can be considered.**

**I. PARENTAL PERMISSION AND PHYSICIAN INFORMATION:** (Completed by the Parent/Guardian)

As the parent/guardian, I understand and agree that Pinellas County Schools personnel and the physicians may exchange information regarding the student’s medical condition and instructional program. I agree to cooperate with these policies of the Hospital/ Homebound program.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Physician's Name (Please Print)

\_\_\_\_\_  
Specialty

\_\_\_\_\_  
Physician's Address

\_\_\_\_\_  
Office Phone Number

**II. STUDENT INFORMATION:** (Completed by the School & Parent/Guardian)

Student's Name _____		Student # _____	Sex _____	Race _____
School Name _____	School Phone _____	Age _____	Grade _____	Birthdate _____
Parent/Guardian _____	Home Phone _____	Work Phone _____		
Address _____	City _____	Zip _____		
Parent Email Address _____	Student Email Address _____	Location for Instruction _____		
Contact Person _____	Relationship _____	Phone _____		
Parent cell _____	Student cell _____			

Gr 6-12 only: Does the student have access to a computer? \_\_\_\_\_ Internet? \_\_\_\_\_

Does the student have a current IEP? \_\_\_\_\_

If yes, list all ESE Programs \_\_\_\_\_

**III. SCHOOL INFORMATION:**

Please complete the following information so that placement and scheduling can be determined.

Please indicate diploma options.

\_\_\_\_\_ Standard or \_\_\_\_\_ Standard Access and \_\_\_\_\_ 24 credit or \_\_\_\_\_ 18 credit

Does student have an IEP or EP? Yes No If yes, please attach copy.

Does student have an FBA/PBIP? Yes No If yes, please attach copy.

Does student have a 504 Plan? Yes No if yes, please attach copy.

Most recent state/district assessment scores:

**\*\*Schools must attach exit grades for all students. Attach current copy of FBA/PBIP or 504 if applicable.**

**Schools may need to provide books, curricular supports, access to related service personnel and access to digital learning/ digital therapy formats if deemed necessary by the IEP Team.**

Principal/Designee Signature (Required) _____	Title _____	Date _____	
Copy – Parent	Copy – Staffing File	Original – Cumulative File	Scan - ese_filling@pcsb.org