

**HUMBOLDT COUNTY SCHOOL DISTRICT**  
**HOMEBOUND SERVICES**  
**JUSTIFICATION OF NEED**

**PATIENT INFORMATION:**

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

**PHYSICIAN INFORMATION:**

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Physician: Please complete the following questions:**

1. Describe what physical limitations this applicant has that would necessitate considering homebound services:

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

2. What accommodations may be made in the physical environment of the school building to allow this applicant to continue educational services at school?

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

3. What other conditions should be considered in evaluating this application to establish the need for homebound educational services?

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

Other Comments: \_\_\_\_\_

I recommend homebound services to commence on: \_\_\_\_\_

The student should be able to return to school (on or about): \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Note:**            **Return with original application to school administration.**