



SCHOOL REQUEST FOR SERVICE

Directions: Type or print information in ink. This form must be completed in its entirety. A Home and Hospital Instruction Program (HHIP) referral is not complete until all of the following documents have been received:

- Request for Service form
- Physician Verification form
- Immunization form
- Parent/Guardian Agreement form
- IEP or 504 Plan (if applicable)

Student Profile (please print)

Name: _____ Age: _____

Date of Birth: _____ Male: ____ Female: ____ Student ID: _____

School: _____ Grade: _____

Counselor: _____ Phone: _____

Counselor's Email: _____

HHIP Designee: _____ Phone: _____

HHIP Designee's Email: _____

Home Address: _____

Parent/Guardian: _____

Parent's Email: _____

Home Phone: _____ Cell Phone: _____



DISTRICT OF COLUMBIA
PUBLIC SCHOOLS

Office of Teaching and Learning

**Home/Hospital Instruction
Program (HHIP)**

Additional Information:

Reason for Referral: _____

Special Information/Comments: _____

IEP: _____ 504 Plan: _____

NOTE: Signatures Required Before Submitting Application

By signing below, we acknowledge that we are forming a partnership with the Home and Hospital Instruction Program (HHIP) staff in order to facilitate and support the delivery of educational services. THE PUBLIC SCHOOL WHERE THE STUDENT IS ENROLLED WILL:

- Upload all assignments and assessments in OneNote;
- Provide all instructional resources to the student during his/her enrollment in HHIP (e.g. textbooks);
- Continue all IEP and 504 process(es), if applicable;
- Maintain communication with the HHIP coordinator;

HHIP Designee's Signature

Date: _____

Principal's Signature

Date: _____

UPLOAD ALL FORMS TO THE HHIP QUICKBASE APP