



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

**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: \_\_\_\_\_



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**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 LEARN DC 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:

- 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: \_\_\_\_\_