

WARREN COUNTY SCHOOLS	SIMS NOTIFICATION OF HOMEBOUND SERVICES
Student's Name:	Student Number:
Service Begin Date:	Grade:
Service End Date:	Homebound Teacher:
Signature of Principal/Designee      Date:	Contact Person:

### HOMEBOUND SERVICES APPROVAL

This student will be receiving homebound services and should be coded **1H** as of the beginning date listed above.

\*Additional documentation (time sheets; physician's statement, etc.) on the services provided are located \_\_\_\_\_

**Submit the pink copy of this form to the SIMS Coordinator at your school as soon as Homebound Services have been approved.**

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### HOMEBOUND SERVICES FOLLOW-UP

The above named student has returned to school and should no longer be coded **1H**.

Date Services Ended \_\_\_\_\_

Date Student Returned to School \_\_\_\_\_

\_\_\_\_\_  
Signature of Principal/Designee

\_\_\_\_\_  
Date

**Complete and submit this form to the SIMS Coordinator at your school as soon as Homebound Services have ended.**

Copy: \_\_\_\_\_ Homebound Services Contract  
 \_\_\_\_\_ SIMS Coordinator (Homebound Approval)  
 \_\_\_\_\_ SIMS Coordinator (Return to School)

SS-134

Revised 04/06/06