



Preparing Career Ready Graduates

Home and Hospital Instruction
Prevention & Intervention
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HOME & HOSPITAL INSTRUCTION (HHI) APPLICATION
2022-2023 School Year

Completion of application does not guarantee placement in HHI.

A 3-week minimum is required for HHI placement with no more than one semester approval at time of application.

For Parent/Guardian:

Student Name Birth Date

Address Phone Text Message #

I understand that HHI & school site may review the information provided on this form.

I hereby authorize this team to have access to my child's medical information as it relates to this application.

Parent/Guardian's Name (print) Signature:

Date Parent/Guardian Spoken Language

Parent Email Address

For School Site:

School Site Student Grade: Student ID#

Counselor: Vice-Principal:

Nurse: Special Ed: Yes RSP/SDC NO Case Manager:

What other placement options have been considered?

IEP is required for change in placement status for SPED students requesting HHI

To Attending Physician of above listed student:

By law, FUSD may provide educational services to homebound or hospitalized students only on authorization of a licensed clinician. This program should only be used as a temporary or last resort. Home Hospital Instruction requires the student to be homebound, meaning the treating physician requires the student to remain at home, with no outside activities due to the fragile nature of their current medical condition.

The health diagnosis is:

Please list the specific reason the student is unable to attend school, understanding that FUSD has a legal duty to provide education for all students and will utilize the least restrictive environment.

Summary of Therapeutic Plan:

How long has this patient been in your care? Are appointments kept? Yes No

Additional Remarks/Comments:

*Expected date to return to school is. Is the teacher at risk of contagion or physical harm? Yes No

Name of Treating Physician Signature of Treating Professional Date

(Please type or print)

Clinic Name Telephone # Fax #

*A doctor's signature is required. An expected return to school date is required for HHI consideration.

COMPLETED FORMS FAXED TO 559.775.1455 OR EMAILED TO Lisa.Grider@fresnounified.org