



Carroll County Public Schools

125 N. Court Street | Westminster, MD 21157

410-751-3000
410-751-3034 TTY
410-751-3003 FAX

Building the Future
Cynthia McCabe, Ed.D.
Superintendent

Parent(s)/Legal Guardian(s):

Carroll County Public Schools' (CCPS) home & hospital program provides instructional continuity to students who are unable to attend their regular school of enrollment due to physical illness/injury, an emotional condition, pregnancy, or a chronic health impairment. Home & hospital is a short-term instructional service mandated by state law with specific guidelines for program implementation and delivery. Services will be provided either virtually or in person.

In order to qualify for home & hospital services, the student must be expected to be absent from school for a projected period of fifteen (15) consecutive school days or more as a result of physical or emotional problems or has a history of intermittent absences due to a chronic health impairment.

Students will receive a maximum of eight (8) hours of services per week. The classes offered and total hours of services provided weekly will be determined by the Supervisor of Student Services-Student Support (some classes will not be offered).

PHYSICAL ILLNESS/INJURY, PREGNANCY, OR CHRONIC HEALTH IMPAIRMENT

Obtain a Medical Professional's Recommendation for Home & Hospital Services (*Physical Only*) form. Complete the parent/legal guardian section and forward the form to the appropriate medical professional. The completion of the form authorizes CCPS staff to communicate with your medical professional. Please note that failure to sign the release of information will result in denial of home & hospital services.

- **Physical Illness/Injury:** A licensed physician or certified nurse practitioner (CNP) must complete all information in the medical professional section, including the anticipated date the student will return to school.
- **Pregnancy:** Pregnant students are expected to attend school during their pregnancy. The medical professional must provide an estimated date of delivery on the home & hospital recommendation form. Home & hospital services are provided for six (6) weeks postpartum.
- **Chronic Health Impairment:** Students diagnosed as having a chronic health impairment (such as cancer, asthma, sickle cell anemia, kidney failure, juvenile diabetes, cystic fibrosis, or cardiac disorders) may be eligible for full-time, part-time, or concurrent home & hospital services. For concurrent approval, the physician's statement must indicate that the illness will cause frequent intermittent absences of 20% or more of the school year. Concurrent home & hospital services are provided to the student during intermittent absences of at least three (3) consecutive school days due to the chronic illness.

The medical professional should return the completed form to the Student Services Department **by faxing it to 410-751-3695, Attention: Home & Hospital Services Office.** Upon receipt of the form, CCPS staff will determine if home & hospital services are appropriate. If the service is approved, an instructional plan will be developed in consultation with the student's home school. The assigned provider(s) will contact the parent/legal guardian directly to schedule services.

Maryland State Department of Education regulations require a review and re-verification of home & hospital services after **60 calendar days** of service to determine if home & hospital services will continue.

If you have any questions, please feel free to contact Ms. Maria Martin, Supervisor of Student Services – Student Support, at 410-386-1822 or MariaMartin@carrollk12.org

Note: Please be aware that home & hospital services do not replicate the classroom experience and are not intended to help students make up past work prior to the home & hospital approval period.

SCHOOL YEAR 2023-2024

MEDICAL PROFESSIONAL'S RECOMMENDATION FOR CCPS HOME & HOSPITAL SERVICES (Physical Only)

PARENT/LEGAL GUARDIAN	Date: _____ Student: _____ Date of Birth: _____
	Address: _____ (Street) (City) (State) (Zip)
	School: _____ Grade: _____
	Does the student have a current IEP? Yes <input type="checkbox"/> No <input type="checkbox"/> Does the student have a 504 plan? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Primary Phone: _____ Phone #2: _____ Phone #3: _____
	Parent Email Address _____
	I am applying for home & hospital services for my child. I grant permission for CCPS Student Services staff or their designee to contact and confer with the referring and treating medical professional(s) to exchange information about my child. This release is valid for one (1) year from the date signed. Failure to sign this release of information will result in denial of home & hospital services.
	Parent or Legal Guardian Name (please print): _____
	Parent or Legal Guardian Signature: _____

MEDICAL PROFESSIONAL	ONLY A LICENSED PHYSICIAN OR CNP CAN RECOMMEND HOME & HOSPITAL SERVICES <i>(Please note: PA signatures are not permitted by COMAR.)</i>
	Description of Presenting Medical Problem: _____
	Reason student requires home & hospital services: _____

	Date of Last Appointment: _____ Frequency of Appointments: _____ (Student must have been seen by a Licensed Physician or CNP within one (1) week of recommendation.)
	Is the student contagious? Yes <input type="checkbox"/> No <input type="checkbox"/> Specify: _____
	Are there any precautions needed when working with this student? _____
	If student is pregnant, what is the estimated date of delivery? _____ Home & hospital services provided for 6 weeks postpartum.
	Please seriously consider any in-school accommodations or modifications, including partial-day attendance and/or alternative programs, before making the recommendation for home & hospital services.
	I recommend home & hospital services: Yes <input type="checkbox"/> No <input type="checkbox"/> Approximate Length of Time (60-Day max.): _____
	<input type="checkbox"/> Full-Time Home & Hospital Services = MAXIMUM OF 8 HOURS OF SERVICES PER WEEK (student will NOT attend school)
	<input type="checkbox"/> Part-Time Home & Hospital Services = MAXIMUM OF 4 HOURS OF SERVICES PER WEEK (student will attend school 1/2 days daily)
	Anticipated Date of Return for Full or Part-Time Students: _____
	<input type="checkbox"/> Concurrent Home & Hospital Services = STUDENT ELIGIBLE FOR TUTORING AFTER 3-DAY CONSECUTIVE ABSENCE DUE TO CHRONIC CONDITION (anticipated 20% absence for school year)
	Treating <i>Licensed Physician/CNP</i> Name & Title (Please Print): _____
Address: _____	
Phone Number: _____ Fax Number: _____	
Email Address: _____	
Signature of <i>Licensed Physician/CNP</i> : _____ Date: _____	

Please return completed form to the Student Services Department via FAX at 410-751-3695.

ATTN: Maria Martin, Supervisor of Student Services – Student Support

Phone: 410-386-1822

Email: MariaMartin@carrollk12.org

For Office Use Only

Approved Denied Reason: _____

Signature: _____ Date: _____

PARENT/STUDENT REQUIREMENTS FOR CCPS HOME & HOSPITAL SERVICES

Student Name: _____ Grade: _____ School: _____

Home & Hospital Provider: _____ Date: _____

The following guidelines have been developed to provide the best experience for your child during his/her participation in the program.

Parent/Legal Guardian Requirements:

- Obtain your child’s textbooks, materials, and laptop from the school. If your child completed schoolwork before starting home & hospital services, please submit that work to the school.
- Provide a quiet work environment and proper supervision during home & hospital sessions.
- Confirm service dates/times with the home & hospital provider. Notify the provider before the scheduled class time if your child is unable to participate in the day’s session. Excused absences include illness, a doctor’s visit, or a death in the family. All absences will be recorded at the school. Try to schedule personal appointments that do not conflict with scheduled sessions.
- Cooperate with the home & hospital provider and provide assistance in helping your child progress academically.
- Keep the home & hospital services office informed of any changes to your child’s medical condition.
- Notify the home & hospital services office at 410-386-1822 as soon as you know your child will be released to return to school. Please provide us with a medical release and/or relevant restrictions. This information can be faxed to 410-751-3695.
- In all situations where a home & hospital provider is assigned to come to the home (in person or virtually), you must ensure that a responsible adult 18 years of age or older is present during all sessions.

Student Requirements:

- Attend all classes as scheduled, on time, and participate through the duration of the class.
- Be prepared for class and participate in class discussions/activities.
- Complete independent work to progress through the courses, as expected.
- Cooperate with the home & hospital provider, at all times.

Procedures for Missed Services:

- Home & hospital services are made available to students on the days that school is in session. If school is closed one (1) or more days during the school week, the number of hours is prorated based on the number of days school is open. If school is closed for an entire week, no services are provided. Examples of non-school days include Election Day, Thanksgiving break, winter break, spring break, holidays, and snow days.
- If scheduled services are cancelled by the home & hospital provider, an effort will be made to make up the time missed within a week.
- If the student is unavailable for instruction due to illness, services may be made up within a week of the absence.

Carroll County Public Schools’ guidelines on home & hospital services states that:

“The presumption of the home & hospital program is that students are truly home or hospital bound. **Therefore, the expectation is that students are not to be involved in such activities as employment, extended travel/vacations, and/or involvement with school social and extracurricular activities.** If such issues arise, the Supervisor of Student Services-Student Support shall be informed immediately. In such cases, home & hospital services may be terminated.”

***In the event that the above conditions are not met, home & hospital services will be discontinued until the Supervisor of Student Services - Student Support determines the next course of action.**

My signature indicates that I have read and understand the above responsibilities. Failure to accept and sign the Parent/Student Requirements form will result in the denial of services.

Parent/Legal Guardian Name (Please Print)

Parent/Legal Guardian Signature

Date

Student Name (Please Print)

Student Signature

Date

Please return this signed form to the Home & Hospital Services office via FAX to 410-751-3695. Thank you.