

Notice to Parents Regarding Hospital/Homebound (HHB) Services

Date _____

Dear Parent:

Hart County School System provides continuous educational services for students who are unable to attend school due to a diagnosed medical or psychiatric condition for a minimum of ten consecutive school days or for intermittent periods of time for a minimum of ten school days per year. These services may be provided in the hospital or at the child's home or other agreed upon location.

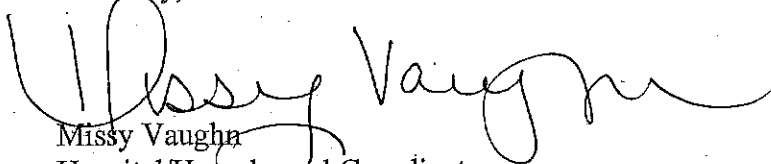
To initiate Hospital/Homebound (HHB) services, obtain a *Hospital/Homebound (HHB) Services Parent Request Form* and *Licensed Physician/Psychiatrist Medical Certification Form* from the HHB Coordinator at your child's school or me. Complete the services request form and have the medical form completed by the licensed physician or licensed psychiatrist who is treating your child for the diagnosed condition. Give both completed forms to your HHB contact.

A conference to develop an Educational Service Plan (ESP) for your child will be convened within five school days of receipt of the completed application. The purpose of the conference is to address the impact that the physical and/or psychological condition may have on your child's educational performance. The school team or Individualized Education program (IEP) team will determine the exact amount of instructional time based on the ESP, which takes into consideration the cognitive ability and medical condition of your child. To comply with the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services, a minimum of three instructional contact hours per week must be provided for your child to be counted present.

Should you have any questions regarding HHB services, please communicate with the school's HHB contact. Our school system is responsible for providing instructional services for students who are eligible for Hospital/Homebound (HHB) services and hospitalized in health care facilities. We may provide the services directly or can arrange with or contract directly with the health care facility, the school system in which the health care facility is located, or appropriately certified teachers in the geographic area in which the health care facility is located.

NOTE: Parents/guardians, emancipated minors, or students 18 years of age or older must complete the HHB application forms before services can be provided by the LEA. A contract with the hospital to provide HHB services for a specific student must be in place before the LEA will reimburse the hospital for instructional services.

Sincerely,



Missy Vaughn
Hospital/Homebound Coordinator
706-856-7231

HART COUNTY SCHOOL SYSTEM
Hospital Homebound (HHB) Instruction
Parent Request

STUDENT INFORMATION

Name _____ Birth Date _____
Last First Middle

School _____ Homeroom _____ Grade _____

Address where student is confined _____

Directions _____

Does the student have access to a computer at the location for instruction? Yes No

If so, does the computer have DSL, high speed or wireless connection at the location for instruction? Yes No

Name of the adult who will be present during home/hospital instruction? _____

What is the preferred method of communication for you to be contacted regarding HHB service:

Email _____

Primary Phone _____ Secondary Phone _____

Eligibility Policies

- 1) I understand that eligibility for services is based on the Georgia State Board of Education Rule 160-4-2-.31 Hospital/Homebound (HHB) Services, and that a medical referral form issued from a licensed physician or licensed psychiatrist is required to determine eligibility.
- 2) I understand that local education agency (Hart County Schools) HHB services personnel may contact the licensed physician or licensed psychiatrist to obtain information needed to determine if my child will be eligible for HHB services and provide appropriate instructional delivery.
- 3) I understand that my child must be enrolled in a public school prior to the referral for HHB services.
- 4) I understand that the HHB services are for students confined to the home or hospital due to a medical or psychological condition, which is acute, catastrophic, chronic, or repeated intermittent.
- 5) I understand that I will be required to sign an agreement regarding HHB services policies and procedures.
- 6) I understand that if my child is eligible for HHB services, my child may be dismissed from the HHB program and may be required to return to school if his or her medical or psychological conditions improve as documented by a licensed physician or licensed psychiatrist.
- 7) I understand that if my child is eligible for HHB services, he or she is subject to the same mandatory attendance requirements as other students.

Procedures

- 1) A parent, guardian, or an approved adult parent designee as identified in the Educational Service Plan (ESP) shall be present during each entire home instructional period.
- 2) A table or a desk in a workspace that is well ventilated; smoke-free, clean, and quiet (i.e., free of radio, TV, pets, and visitors) must be provided.

HART COUNTY SCHOOL SYSTEM
Hospital Homebound (HHB) Instruction
Parent Request

- 3) A schedule for student study time between teacher visits will be established and the student will be prepared for each session with the teacher.
- 4) Instructional materials must be obtained from the school, and assignments completed and submitted on time.
- 5) Assignments will be returned to the regular school teacher for grading if the student is on HHB services for a short period of time.
- 6) A parent, guardian, emancipated minor, student 18 years of age or older, or an approved adult parent designee as identified in the ESP must notify the HHB teacher at least 24 hours in advance if an instructional session must be cancelled. The LEA may, at its discretion, reschedule the cancelled session. The HHB teacher will notify the parent, guardian, or approved adult parent designee if they need to cancel a session and the session may be rescheduled.
- 7) For long-term or intermittent HHB students, the HHB teacher, in collaboration with the regular school teacher, shall assign grades for the work completed.
- 8) The parent/guardian, emancipated minor, or student 18 years of age or older must submit a release form from the licensed physician or licensed psychiatrist upon the student's return to school.
- 9) To extend HHB services beyond the originally identified return to school date, the licensed physician or licensed psychiatrist must submit an updated medical referral request form.

Causes for Dismissal

- 1) If the licensed physician or licensed psychiatrist recommends that the student is able to attend school or can no longer participate or benefit from HHB services, the student will be removed from the program.
- 2) If the student is employed in any capacity, goes on vacation, regularly participates in extracurricular activities, or is no longer confined at home, the student will be removed from the program.
- 3) If the parent, guardian, emancipated minor, student 18 years of age or older or adult parent designee cancels three sessions without 24 hours notice, the student will be removed from the program.
- 4) If the conditions of the location where HHB services are provided are not conducive for instruction or threaten the health and welfare of the HHB teacher, the student will be removed from the program.

Parent/Guardian Agreement/Release for Information

I have read the Hospital/Homebound (HHB) services policies for program eligibility and I understand the reasons for possible dismissal from the program. I agree to the policies and requirements of the program and request HHB services for my child.

Parent/Guardian-Printed Name

Date

Parent/Guardian Signature

Date

**HART COUNTY SCHOOL SYSTEM
HOSPITAL HOMEBOUND SERVICES**
Authorization for Exchange of Health and Education Information

Student _____ Birthday _____
Last First Middle

In order to assist the following student with:

- Educational planning and placement
- Health assessment and planning to ensure safe health care services and treatment

School Enrolled:

- | | |
|--|--|
| <input type="checkbox"/> Hartwell Elementary | <input type="checkbox"/> Hart County High School |
| <input type="checkbox"/> North Hart Elementary | <input type="checkbox"/> Hart Academy |
| <input type="checkbox"/> South Hart Elementary | <input type="checkbox"/> FUTURES (Psycho-ED) |
| <input type="checkbox"/> Hart County Middle School | <input type="checkbox"/> S.K.I.P. |

Records are being requested from:

Name of Healthcare Provider

Agency

Address

City State Zip Code

Phone # Fax #

Records are to be forwarded to:

Missy Vaughn, LCSW
Hospital Homebound Coordinator
Hart County Board of Education
P. O. Box 696
Hartwell, Georgia 30643
Phone: 706 856-7231
Fax: 706 376-6564

You are hereby authorized to release the following specified information:

- | | |
|---------------------------------|----------------------------------|
| _____ Psychological Evaluations | _____ Hospital Discharge Summary |
| _____ Psychiatric Evaluation | _____ Medical Evaluation Records |
| _____ Treatment Plan | _____ Other _____ |

I UNDERSTAND THAT THE GRANTING OF CONSENT FOR THE RELEASE OF RECORDS IS VOLUNTARY ON MY PART AND THAT I MAY REVOKE THIS AUTHORIZATION AT ANY TIME BY SUBMITTING WRITTEN NOTICE OF THE WITHDRAWAL OF MY CONSENT. I RECOGNIZE THAT HEALTH RECORDS, ONCE RECEIVED BY THE SCHOOL SYSTEM MAY NO LONGER BE PROTECTED BY HIPPA, BUT THEY WILL BECOME EDUCATION RECORDS PROTECTED BY THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA).

Parent / Guardian Signature or Eligible Student Date

Authorization is valid for one year or as specified _____