SCHOOL YEAR 2026-2027

Carroll County Public Schools Home & Hospital Application (Physical Reason) - PAGE 1 of 3

Student Name:_____ Grade:_____School:_____

Instructions: Parent(s)/Legal Guardian(s)/Medical Provider-Please review the information below which describes the CCPS Home & Hospital Program. This information is provided as an overview of Carroll County Public Schools' (CCPS) Home & Hospital Program.

The 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 are provided either virtually or in person. Home & hospital services are not intended to replicate the classroom experience and are not intended to help students make up past work prior to the home & hospital services approval period. Services are provided in core subjects only and are intended to keep students academically current until they return to school. Services are provided in core academic subjects only.

To qualify for home & hospital services, the student must be either absent from school for at least 15 consecutive school days or 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.

Service Option	Description	Services Provided	Additional Information
Concurrent Services	Recommended for students with chronic conditions that may cause them to miss 3 or more consecutive days of school during condition flare ups.	Tutoring services to assist the student with making up missed assignments.	Students expected to attend most days. Only one application per school year is necessary. Parent responsible for collecting missed work.
Full-Time Services	Recommended for students who are experiencing a condition that precludes them from being able to attend school.	Maximum of 8 hours of service per week. Classes offered and total hours of services provided weekly are determined by the Supervisor of Student Services-Student Support.	Designed to support students during their healing and transition period back to the school building. Reverification every 60 calendar days.
Part-Time Services	Recommended for students who can attend school part-time. Student attends school either in the morning or in the afternoon for half of the school day.	Maximum of 4 hours of service per week. Classes offered and total hours of services provided weekly are determined by the Supervisor of Student Services-Student Support.	Supports students who can attend school part-time. Reverification every 60 calendar days, if needed.

*Students who receive IEP services: If home and hospital services are approved, the IEP team will schedule an IEP meeting to review and revise the student's IEP.

To apply for services:

- Parents complete the parent/legal guardian section of the Recommendation for Home & Hospital Services (Physical Reason) and forward the form to the appropriate medical professional.

- The recommendation for home & hospital services for a physical reason must be made by a physician or nurse practitioner.
    - 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.

- **Submit the completed application and the signed Parent/Student Requirements for CCPS Home & Hospital form to the Student Services Department by faxing it to 410-751-3695, Attention: Home & Hospital Services Office or email to Maria Martin, Supervisor of Student Services – Student Support: MariaMartin@carrollk12.org**

- The Student Services office will notify you regarding the status of the application within 10 school days of submission.

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RECOMMENDATION FOR CCPS HOME & HOSPITAL SERVICES (Physical Reason) – PAGE 2 OF 3

PARENT/LEGAL GUARDIAN

Date:_____ Student:_____ Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip)

School:_____ Grade:_____

Does the student have a current IEP? Yes ☐ No☐ Does the student have a 504 plan? Yes ☐ No ☐

Primary Phone: _____ Phone #2: _____ Phone #3: _____

Parent Email Address:_____

I have read and understand the overview of home and hospital services presented on page 1. 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 may 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

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 *two (2) weeks of recommendation*.)

Is the student contagious? ☐Yes ☐No 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.

I recommend home & hospital services: ☐Yes ☐No Approximate Length of Time (60-Day max.): _____

☐ Full-Time Home & Hospital Services =**MAXIMUM OF 8 HOURS OF SERVICES PER WEEK (student will NOT attend school)**

☐ 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: _____

☐ Concurrent Home & Hospital Services =**STUDENT ELIGIBLE FOR TUTORING AFTER 3-DAY CONSECUTIVE ABSENCE DUE TO CHRONIC CONDITION** (anticipated 20% absence for school year)

Treating *Licensed* Physician/*CNP* Name & Title:_____
(please print)

Address:_____

Phone Number: _____ **Fax Number:** _____

Email Address: _____

Professional Acknowledgement: 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. **By signing below you are confirming that you have read the overview of home & hospital services presented on page 1, that you are recommending home & hospital services for the student, and you are confirming you will be available to speak with CCPS staff to discuss the student and their needs.**

Signature of *Licensed Physician/CNP*:_____ **Date**: _____

For Office Use Only

Approved ☐ Denied ☐ Reason: _____

Signature:_____ Date: _____

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PARENT/STUDENT REQUIREMENTS FOR CCPS HOME & HOSPITAL SERVICES – PAGE 3 of 3

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. 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 or emailed to MariaMartin@carrollk12.org
- 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 or email to MariaMartin@carrollk12.org

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