

**Hillsborough County Public Schools
Exceptional Student Education (ESE)**

Phone: 813-375-3950 - Fax: 813-375-3959

Application for Hospital Homebound Instruction

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| PARENT OR GUARDIAN APPLICATION SECTION |
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STUDENT INFORMATION: (Completed by the School & Parent/Guardian)

Student ID # _____ Student First Name _____ Middle _____ Last _____
Birth Date _____ Grade _____ Gender _____ Date Requested _____
Current School _____ School Contact Person and Position _____
Student Address _____ City _____ Zip Code _____
Parent/Legal Guardian Name _____ Email Address _____
Cell/Home Phone # _____ Work Phone # _____ Student Email Address _____
Gr 6-12 only: Does the student have access to a computer? _____ Internet? _____
Reason for applying: _____

Hospital/Homebound (H/H) Eligibility Policies

- A licensed physician must certify that the student will be absent from school due to a physical or psychiatric condition that confines the student to the home or hospital for least 15 consecutive school days (or the equivalent on block schedule) or due to a chronic condition for at least 15 school days which need not run consecutively (or the equivalent on a block schedule). The student must be able to participate in and benefit from instruction. There is no waiting period to apply.
- The student must be under medical care for an illness or injury which is acute, catastrophic, or chronic in nature.
- The student can receive an instructional program without endangering the health and safety of the instructor or other students with whom the instructor may come in contact.
- Parent, guardian, primary care giver, or hospital administrator has signed an agreement concerning H/H policies; this may include a telecommunication agreement.
- Student is enrolled in a public school in Kindergarten through 12th grade prior to referral. The exception is if a student has already been found eligible as a student with a disability by a Florida school district.
- For a child who is three (3) through five (5) years of age, the student has been determined eligible as a student with a disability by Florida school district and has an active Individual Education Plan.
- A student who is diagnosed by a physician as chronically ill who will be out for treatments or recovery periods causing absences of at least 15 consecutive school days, may be considered for Chronically Ill conserved (CICO).
- The Florida State Board of Education Rules define a H/H student as a student diagnosed with a medical or psychiatric condition which **confines the student to home or hospital** and whose activities are restricted for an

extended period of time. If the student's medical or psychiatric condition has improved to a level that would allow the student to engage in activity outside the home or hospital setting, an IEP Team meeting will be convened to discuss data and a possible reevaluation.

- Pregnancy is not considered a medical condition that meets eligibility criteria for H/H services unless a physician certifies that the student will be absent from school due to the medical condition that confines the student to the home or hospital for at least 15 consecutive school days or due to a chronic condition for at least 15 school days which need not run consecutively. Medical information for a pregnant student needs to include: 1) the specific medical condition 2) the estimated date of delivery, and 3) the estimated length of time the student will be confined.
- Referral by Florida licensed physician/psychiatrist represents evaluation data to be reviewed by IEP committee. It does not mandate Hospital/Homebound services.
- **All information on this form and the Hospital/Homebound Services Physician/Psychiatrist Referral must be completed in full before eligibility can be considered.**

Program Dismissal

Dismissal from the Hospital Homebound Programs may occur for the following reasons:

- The physician recommends that a student can attend his/her district assigned school, or the Hospital Homebound office does not receive the annual updated physician's Certification form. A discontinuation and/or dismissal meeting will be held to determine the next steps.
- The student is unable to participate in and benefit from instruction.
- The student fails to follow the HCPS Code of Student Conduct policies, and Parental Cooperative Agreement.

PARENTAL PERMISSION: (Completed by the Parent/Guardian)

As the parent/guardian, I understand and agree that Hillsborough County Schools personnel and the physicians may exchange information regarding the student's medical condition and Instructional program. I agree to cooperate with these policies of the Hospital Homebound Programs.

Parent/Guardian Signature

Date

Age of Majority Student Signature

Date

Hospital Homebound Programs
129 E, 124th Avenue
Tampa, FL 33612

Phone: 813-375-3950
Fax: 813-375-3959
Email: hospital_homebound@hcps.net

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CONSENT FORM TO MUTUAL EXCHANGE OF INFORMATION

Student's Name: _____

Date: _____

Date of Birth: _____

I hereby authorize the student's physician(s) to release all information concerning diagnoses, treatment plan, medical implications for instruction and re-entry to the School District of Hillsborough County and the District's medical consultant(s). This communication may be written or verbal. This release will remain in effect until the student has been dismissed from the Hospital/Homebound Program. **Must be signed by parent/legal guardian or student at the age of majority.**

| <u>Name</u> | <u>Phone Numbers (required)</u> | <u>Fax Numbers (required)</u> |
|-------------|---------------------------------|-------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

The specific records to be disclosed pertain to:

- ☒ Receive/discuss records and medical information with healthcare provider, including educational implications/and Plan for re-entry to school.
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| <input type="checkbox"/> Psychological Evaluations/Reports | <input type="checkbox"/> Health/Medical/Birth Reports/Records |
| <input type="checkbox"/> Diagnostic Screenings/Reports/Records | <input type="checkbox"/> Educational/Academic Reports/Records |
| <input type="checkbox"/> Social/Developmental History Reports | <input type="checkbox"/> Standardized Test Data |
| <input type="checkbox"/> Attendance Records | <input type="checkbox"/> Psychiatric Reports |

- The purpose of making these records available is: _____

- The receiving party will not disclose the information to any other party without signed consent.

| | |
|--------------|-----------|
| _____ | _____ |
| Name (Print) | Signature |

| | | |
|---------|-------------|----------|
| _____ | _____ | _____ |
| Address | City, State | Zip Code |

Please return this form to:

Hospital Homebound Program
129 E. 124th Avenue
Tampa, FL 33612

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Fax: 813-375-3959
Email: hospital_homebound@hcps.net