



Home Hospital Program

Home/Hospital instruction is designed to provide continuity of educational services between the classroom for health care facility for students who have medical needs, both physical and/or psychiatric, that do not allow school attendance for a limited period of time. Homebound instruction may also be used to supplement the classroom program for student with health impairments whose conditions may interfere with regular school attendance. **There are several requirements that must be met for us to assist in continuing the education of your child and to ensure that your child remains successful during his/her illness. Upon submission of the Home Hospital application, the committee will review the application and determine if the situation meets state guidelines and local criteria for home hospital placement.**

Instruction

- Home/hospital instruction will be a minimum of two (2) visits per week (either in-person or virtual to meet the student's individual needs) with one (1) hour of instruction per visit, which is equivalent to (1) child's attendance in school for five (5) days. The teacher and student will not meet on days that school is closed (unless the students are participating in a #HCSatHome day). Absences will be considered unexcused unless prearranged and rescheduled with the homebound teacher during the same week. Only in emergencies or illness should an appointment be missed. All state compulsory attendance laws apply to the homebound program. One missed homebound appointment is equal to 2.5 school days.
- **Since homebound instruction is limited to two hours per week, the student is expected to spend considerable time working independently on assigned work. Being on homebound does not lessen the work load, so students can easily fall behind in class. Therefore, it is advised that each student plan to work a minimum of 5 hours per day on school work. The student may find it necessary to put more effort into his/her studies while on homebound due to the fact that he/she will not be receiving full-time instruction, and many concepts will be learned independently. The role of the homebound teacher is to act as a liaison between home and school and assist with problem areas.**
- The parent/guardian will be responsible for contacting the school to obtain any missed work due to absences prior to placement in the homebound program. The homebound instructor will not be responsible for any assignments prior to the approved start date in the program.
- Due to the nature of the work, some classes may have to be dropped. Also, if a student is unable to grasp the concepts presented in a particular subject with the limited instruction available on the homebound program, it may be necessary to arrange for a private tutor or to drop the class until the student is able to return to school for full-time instruction. The student may not receive all credit(s) being attempted.

Parent/Student Responsibilities

- A responsible adult must be present in the home during the homebound visit. If an adult is unable to be present, the parent/guardian may reschedule the homebound appointment for later in the same week. If the parent/guardian will be unavailable for the homebound visits, the homebound appointments may be scheduled at the school or a public place such as the public library. Parents must provide transportation for the student. Virtual homebound visits may also occur through teleconferencing.
- It is the responsibility of the parent/guardian to check with the student regarding completion of required daily assignments in order to be prepared for instruction at the next designated time.
- Parents/guardians should provide a suitable work-study area where the student and teacher can work with no interruptions. The area should be at a table with a neat, clean surface. TV's, radios, and other distractions should be turned off and other children, visitors, and pets should be kept out of the room so the teacher has the student's full attention.
- Students should be awake, dressed, and prepared with the books and materials needed when the homebound teacher arrives for the appointment.
- If students have a job, they are not permitted to work while participating in the homebound program. Also, students are not permitted to participate in athletic activities, extracurricular/co-curricular activities, or school events such as dances, homecoming, etc. while receiving homebound services. Eligibility for homebound shall cease if the student works or participates in athletic or extracurricular/co-curricular activities.

Special Circumstances

- A student with a communicable disease, as verified by a health professional, shall be eligible for the Home/Hospital Program. However, should the student's condition pose a serious health threat to the teacher, the student may receive virtual instruction through correspondence, computer assisted instruction, or video during the period of contagion.
- If the student is enrolled in the homebound program during the state assessment window, he/she will be required to return to his/her school for testing unless extenuating circumstances prevent the student from going to school. The parent/guardian will be responsible for the transportation to and from school.
- Students on homebound for psychological/psychiatric diagnosis (anxiety, depression, bi-polar, school phobia, etc.) may be required to do his/her homebound after regular school hours in the student's school of regular attendance, other public location, or through virtual instruction. The parent/guardian must transport and remain with the student during instruction.
- Students requiring homebound for extended periods of time (more than three months) may be assigned to take courses through an online provider supplied by the district if the student has access to a device and internet access.
- Homebound students who miss four scheduled instructional sessions (counts as 10 school days unexcused) may be dropped from the program and reported as truant to the DPP and court system.
- Any child who is excused from school attendance more than six (6) months must have two (2) signed statements from two different local health personnel which can be a combination of the following professional persons: a licensed physician, advanced registered nurse practitioner, psychologist, psychiatrist, chiropractor and health officer. If a medical professional certifies that a student has a chronic physical condition unlikely to substantially improve within one (1) year, then the one signed statement is sufficient for services that extend beyond six (6) months. This exception does not apply to students with mental health conditions.

- Exemptions of all children under the provisions of subsection (1) (d) of this section must be reviewed annually with the evidence required being updated, except that children with disabilities certified by a medical professional to have a chronic physical condition unlikely to substantially improve within three (3) years may continue to be eligible for home/hospital instruction services, based on the admissions and release committee's (ARC) annual review of documentation to determine if updated evidence is required. Updated documentation of evidence of need for home/hospital services for children with chronic physical conditions shall be provided as requested by the ARC, or at least every three (3) years.
- Pursuant to 704 KAR 7:120, the condition of pregnancy is not to be considered a physical or health impairment in and of itself, and the nature and extent of any complication shall be delineated prior to consideration of home/hospital instruction for this condition.

Contact the Director of Pupil Personnel office if you have questions or need assistance:

**320 South Seminary Street
Madisonville, KY 42431
(270) 825-6000**

Home/Hospital Program

Mental Health Related Conditions Qualified Mental Health Professional Explanation

Please be advised: According to KRS 159.030, if your student's qualifying home/hospital condition is mental health related then the signed statement must be completed by a licensed physician, psychiatrist, psychologist, or a physician's assistant with the **mental health credentials** described in KRS 202A.011, Section 12 (see attached) or an advanced practice registered nurse certified in psychiatric-mental health nursing.

Section 12 of the attached KRS provides the definition of "qualified mental health professional." Only health care professionals with these credentials are able to complete the Home/Hospital form for students needing to utilize the program for mental health related conditions.

Contact the Director of Pupil Personnel office if you have any questions.

Application for Home/Hospital Instruction

June 2021

(Please type or print neatly)

Parent/Student Information

Section I

To be completed by the parent(s)/guardian(s)

School District _____ School _____ Grade _____

County of Residence _____ Last Date Attended _____

Name of Student _____ Date of Birth _____

Address of Student _____ Zip Code _____

Sex _____ Race _____ Social Security # _____ Telephone # _____

Full Name of Father/Guardian _____ Telephone# _____

Full Name of Mother/Guardian _____ Telephone# _____

Does the student have an Individualized Education Program (IEP)? Yes _____ No _____

Does the student have a Section 504 Plan? Yes _____ No _____

Directions to student's home _____

Pursuant to KRS 158.033(4), eligibility for home or hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) and shall be provided pursuant to the Individualized Education Program (IEP). The ARC chairperson shall provide written notice of home/hospital placement to the local Director of Pupil Personnel (DPP) for purposes of program enrollment using the form in section IV of this application. 702 KAR 7:150.

Pursuant to KRS 159.030(2), before granting any student an exemption from compulsory attendance, the board of education of the district in which the student resides shall require submission to the board of satisfactory evidence in the form of a signed statement of a properly licensed physician, advanced practice registered nurse, physician's assistant, psychologist, or psychiatrist responsible for diagnosing and treating the child, stating that the diagnosed condition of the child prevents or renders inadvisable attendance at school and requires home or hospital instruction. If the condition is mental health related, then the signed statement shall be completed by a licensed physician, psychiatrist, psychologist, or physician's assistant described in KRS 202A.011 or an advanced practice registered nurse defined in KRS 314.011 and certified in psychiatric-mental health nursing. On the basis of such evidence, the local board of education may exempt the student from compulsory attendance.

A student with a recurring condition, which results in periods in which the need for home or hospital instruction is intermittent and the student is able to attend school for short periods, may be exited and reentered on home or hospital instruction, and the following shall apply:

- (a) Initial approval by the Review Committee shall be required;
- (b) The Review Committee shall review the need for an alternative schedule of services based on verification by the professional statement in the application for home or hospital instruction of the need for intermittent services;

- (c) If a health professional who completed the initial application for a student to be served on home or hospital determines the student needs additional time for services, the health professional shall submit a written statement, either mailed or faxed, to the Director of Pupil Personnel, requesting additional time up to two (2) weeks for services and provide a brief explanation for the extension;
- (d) The Review Committee shall meet to review this extension and either approve or deny the request for an extension, prior to provision of any extended services;
- (e) The Review Committee shall review intermittent placement at least every six (6) months, and at that time a statement from a second professional, shall be required by the Review Committee for continued program eligibility; and
- (f) The parent or guardian shall notify the principal or Director of Pupil Personnel prior to the need for school reentry or to exit to home or hospital instruction.

Pregnancy is not considered a physical or health impairment in and of itself, and the nature and extent of any complication shall be delineated prior to consideration of home or hospital instruction for this condition. 702 KAR 7:150.

For students receiving home or hospital instruction pursuant to a determination by a Home or Hospital Review Committee, eligibility shall cease if the student works, plays sports or participates in extracurricular activities. 702 KAR 7:150.

RELEASE OF INFORMATION

I understand that if the Home/Hospital Review Committee makes the determination of placement for this student, they may request a review of the information provided on these forms by local health personnel. I hereby authorize this committee to have access to pertinent information regarding this request. I understand that if the Admissions and Release Committee makes the determination of placement for this student, they will have access to all pertinent information regarding this request.

Parent/Guardian Signature

Date

**Application for Home/Hospital Instruction
Professional Statement**

****Eligibility for home/hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) in accordance with their Individual Education Program (IEP). The ARC chair shall provide written notice of eligibility to the local Director of Pupil Personnel (DPP) for purposes of program enrollment. The form provided in Section IV shall be used to provide this notice. **
Section II**

This section is to be filled out by a properly licensed physician, advanced practice registered nurse, physician's assistant, psychologist, or psychiatrist responsible for diagnosing and treating the student. If the condition is mental health related, then the signed statement shall be completed by a licensed physician, psychiatrist, psychologist, or physician's assistant described in KRS 202A.011 or an advanced practice registered nurse defined in KRS 314.011 and certified in psychiatric-mental health nursing. In order for a district board of education to exempt a student from compulsory attendance, the student must provide satisfactory evidence in the form of a signed statement from a qualified healthcare professional that the diagnosed condition of the student prevents or renders inadvisable attendance at school and requires home or hospital instruction.

Name of Student _____

____ I do/ ____ I do not support home/hospital instruction for this student. If you do not support home/hospital instruction at this time, please state your concerns and/or recommendations: _____

Please check one of the following:

____ The student can attend school without any type of modifications or special provisions.
Comments: _____

____ The student can attend school only with modifications or special provisions.
Describe Modifications Needed: _____

____ The student is unable to attend school at this time due to health concerns, and I do support Home/Hospital instruction. **If checked, please complete the rest of Section II.**

Diagnosis _____ Prognosis: Good _____ Fair _____ Poor _____

Specific reason (s) why the student is unable to attend school at this time: _____

How long have you been seeing the patient for the diagnosis listed? _____

Approximate length of time student will need Home/Hospital Instruction _____

Recommended start date of Home/Hospital instruction: _____

Please summarize test and all other data collected that supports the need for Home/Hospital Instruction at this time.

What is the treatment plan for the patient? _____

What is the expected duration of treatment? _____

Start date of hospital admission, if applicable: _____

Check here if this student has a chronic physical condition that is unlikely to substantially improve within one year. _____

What ancillary services are involved in treatment? _____

List consultants/specialist to whom this student has been referred.

Name	Specialty	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will you be following the patient? _____ Yes ___ No. If not, who will? _____

Name _____ Telephone # _____

Address _____

Anticipated date of student's return to school _____

What are your recommendations to assist this student in their return to school? _____

Remarks/Comments: _____

Signature of Licensed Professional

Title

Date

Please Print or Type Name of Professional: _____

Office Address _____ Phone Number _____

_____ Fax Number _____

**Application for Home/Hospital Instruction
Home/Hospital Review Committee**

Section III

Name of Student _____

Date Application Received: _____ Approved _____ Denied _____ Incomplete_ If
approved, date of services will be from _____ until _____
(Review Date)

If eligibility for services denied, reason for denial _____

If incomplete application, type of additional information requested _____

Date of Request _____ Person Contacted _____

Signatures of Committee Members:

Director of Pupil Personnel _____ Date _____

Program Director _____ Date _____

Home/Hospital Teacher _____ Date _____

Medical or Mental
Health Personnel _____ Title _____ Date _____

Other Relevant Professional _____ Title _____ Date _____

Comments:

**Application for Home/Hospital Instruction
Documentation of Admissions and Release Committee (ARC)**

Section IV

Eligibility for home/hospital instruction for students with disabilities shall be determined by the Admissions and Release Committee (ARC) in accordance with their Individual Education Program (IEP). The ARC chair shall provide written notice of eligibility to the local Director of Pupil Personnel (DPP) for purposes of program enrollment. The form provided in this section shall be used to provide this notice. **

Name of Student _____

Does the student have a current/active Individualized Education Program (IEP)? Yes No

Start date of home/hospital placement: _____

Anticipated end date of home/hospital placement: _____

Date of the most recent ARC meeting where Home/Hospital placement was decided: _____

Total number of hours of Home/Hospital instruction per week: _____

ARC Chair: _____

Signature of ARC Chair

Date