



**Board of Education**

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*Dr. Jerry Bell, Superintendent*

**Haralson County Schools will be recognized as a leader in improving student achievement for ALL students.**

**Hospital/Homebound (HHB) Services Request Form**

**Approved** \_\_\_\_\_ (Note: There may be a delay in processing incomplete applications)

Signature \_\_\_\_\_

**Student Information**

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last First MI

Male/Female (Circle One) Date of Birth: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_  
Last First MI

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

School Name: \_\_\_\_\_ Grade: \_\_\_\_\_

*(Note: The school is responsible for providing assignments and grades to the student until the student is officially enrolled in the HHB program.)*

Do you have access to DSL, high speed, or wireless connection at the instruction location? Yes/No

Student Email Address: \_\_\_\_\_

Parent Email Address: \_\_\_\_\_

## **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 (LEA) 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.

## **Policies and 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.
- 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.

**Cause 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.

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Parent/Guardian Printed Name

Date

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Parent/Guardian Signature

Date