The Medical Homebound Program allows students who are enrolled in a public school but are unable to attend regular classes due to a medical condition. Educational decisions regarding the student's medical homebound instruction program shall be determined by the Homebound Committee on a case-by-case basis**.** Prior to the expiration of the medical homebound instruction period, the Homebound Committee shall develop a transition plan for the student's reentry into the school environment.

I. Initiation of Homebound Services

A parent or guardian can initiate contact regarding homebound services for a student. This contact must be made as soon as it becomes apparent that the student's absences from school will be significant. The forms to apply for homebound services can be provided by the Homebound Coordinator or on the MCS schools website (http://mcminnschools.com/) Parents and physicians must provide the following documents:

- PHYSICIAN'S DOCUMENTATION FOR HOMEBOUND SERVICES-completed by the treating physician; **"Treating physician" means a person who is licensed under T.C.A. Title 63, Chapter 6; T.C.A. Title 63, Chapter 9; T.C.A. Title 63, Chapter 11; or T.C.A. § 63-23-105** or similar statute in another jurisdiction and who is the professional treating the student for the medical condition requiring medical homebound instruction
- RELEASE OF INFORMATION FORM-**signed by ALL parent/legal guardians with educational decision-making authority.**
- PARENT AUTHORIZATION FORM- **signed by ALL parent/legal guardians with educational decision-making authority**

It is very important that the homebound coordinator receives the completed packet in a timely manner. **Homebound applications cannot be considered until all required documentation is received. Incomplete applications will be void after thirty days.**

II. Eligibility and Placement

1. The student listed is requesting homebound services. A student may be eligible for homebound instruction upon certification by the student's treating physician. The treating physician's certification must show the following: The student has a medical condition that will require the student's absence from school for a minimum of ten (10) consecutive instructional days and that the child can receive and benefit from homebound instruction.

2. The student's treating physician shall recommend in writing the period for which the student shall be eligible for homebound instruction by completing the **Physician's Documentation for Homebound Services**.

3. Educational decisions, based on the clinical data provided, grade level, academic status, physical abilities, individual academic needs, period of homebound instruction, and similar factors, are made by the District through the Homebound Review Team. The student's treating physician may recommend, in writing, the period for which the student is eligible for homebound instruction; however, the determination of the initial homebound instruction period shall be made by the Review Committee. Completion of a Homebound Packet does not

automatically mean that Homebound Services are approved. An email or letter will be sent to parents confirming or denying services.

4. While awaiting a decision regarding the student's placement to Homebound, it remains the student's and/or parent/guardian's responsibility to get assignments and materials from the School to keep the student current in his/her work. If the student is approved for Homebound Services, the Homebound Teacher will not be responsible for work that should have been completed during the approval period.

5. Updated medical documentation may be requested for homebound services exceeding 30 days.

6. All homebound services are considered terminated at the close of the school year. Should a student's condition require homebound services at the beginning of the next school year, a new application process must be submitted and reviewed.

III. Instruction

1. The homebound instruction program for students shall consist at minimum of three (3) hours of instruction per week while school is in session for the period of homebound instruction, to be provided by the district to the student in the home, virtually, in a hospital, or in other locations approved by the district.
    a. For students receiving special education and related services, the frequency and duration of instruction necessary to provide a free appropriate public education for a student with a disability during a medical homebound instruction program placement shall be determined by the student's IEP team, but shall not be less than the minimum of three (3) hours per week.
    b. The review team shall conduct progress reviews every thirty (30) school days to ensure that homebound instruction is still the most appropriate placement for the student.

MCMINN COUNTY SCHOOLS
PHYSICIAN'S DOCUMENTATION FOR HOMEBOUND SERVICES

THIS FORM MUST BE COMPLETED BY THE TREATING, LICENSED PHYSICIAN

The student listed is requesting homebound services. A student may be eligible for homebound instruction upon certification by the student's treating physician. The treating physician's certification must show the following: The student has a physical or mental condition that will require the student's absence from school for a minimum of ten (10) consecutive instructional days, and that the child can receive and benefit from homebound instruction. The student has a chronic physical or mental condition that will require the student's absence for an aggregate of at least ten (10) instructional days over the period of the current school year.

Homebound Services consist of a minimum of 3 hours of instructional time per week. Medical documentation is relevant to determining the need for homebound services, but the decision to provide the service is not made by the treating physician. The Release of Records form, signed by the parent/guardian, gives permission for the treating provider to discuss the student's medical condition with the MCS Homebound Review Committee. The information provided is confidential and will only be used by school personnel involved with the student.

In some cases, additional information may be requested before making a homebound determination. If a student is disabled by a psychiatric diagnosis, a letter outlining the treatment plan, signed by the psychiatrist or clinical psychologist, MUST be submitted with this application. Students who are seeking homebound services for emotional or psychological disorders (bipolar disorder, depression, anxiety, phobias, etc.) must have the form completed by a licensed clinical psychologist, neurologist, or psychiatrist. Family physicians not licensed in treating psychological disorders may not be the doctor of record in these cases. Please complete this form documenting your position on the necessity of homebound services. Updated medical documentation may be requested for homebound services exceeding 30 days. Applications signed by physician's assistants, nurse practitioners, chiropractors, etc., will not be accepted.

Student Name_____DOB _____
School _____Grade _____**IEP** ☐ Yes ☐ No **504** ☐ Yes ☐ No
Address _____City _____ Zip _____
Parent/Guardian _____Phone Number _____
Email _____Other Phone _____

Treating Physician _____Phone _____Fax _____
Facility Name _____Address _____
Date Student Last Examined by you _____
Student Medical Condition/Diagnosis _____
Student's condition is communicable? ☐ Yes ☐ No If yes, please explain _____
Student's condition is immunocompromised ☐ Yes ☐ No If yes, please explain _____
Specific details of condition that prevent student from attending regular classes: _____
_____
Student Prognosis (must attach documentation) _____
Treatment Plan/Therapy (specify type & schedule) * _____
_____
*If student is disabled by a psychiatric diagnosis a letter outlining the treatment plan MUST be submitted with this application
Medications (specify types and times given) _____
Does student have activity restrictions that would prevent attending regular classes? ☐ Yes ☐ No
If yes, specify nature & duration of restriction _____
Is student at risk to self or others? ☐ Yes ☐ No
If currently hospitalized, expected date of discharge _____
Expected date that student will be able to begin homebound services _____
Expected length of recovery _____Expected date for return to school _____
Methods we can use to help student transition back to school _____
_____
Treating Physician's Signature _____Date _____

MCMINN COUNTY SCHOOLS
RELEASE OF INFORMATION

Student Name _____ Date of Birth _____
School _____ Grade _____
Address _____ City _ Zip _____
Parent/Guardian _____ Phone Number _____
Email _____

I authorize McMinn County Schools to obtain records pertaining to the previous and current Education and/or Medical Status of my child. This may include Please check all that apply

- □ School Records (Special & General Education)/Attendance
- □ Medical Examination Records/History Including:
  - Hospital Discharge Summary
  - Recent Laboratory Test/Results
  - Treating Physician Office Visit Notes
  - Physical Examination Notes
  - Treatment Plan
  - Verbal Communication with health care provider
- □ Diagnosis
- □ Psychological Evaluations
- □ Speech/Language Evaluations
- □ Consultations/Observations
- □ Legal issues/concerns
- □ Other Evaluations: _____

This consent will also allow open communication between the independent outside organization or individual, and McMinn County Schools. I further authorize that a healthcare provider may discuss my child's medical history with representatives of McMinn County Schools, and for McMinn County School's' representatives to discuss my child's education concerns and attendance.

The following organization or individual has permission to release information to McMinn County Schools. This consent is good for one year _____. I understand that I may withdraw my consent at any time.

Organization and/or Individual Name	Phone Number	Fax Number

If there are custody papers or a parenting plan, this form must be signed and initialed by ALL parents/guardians with educational decision-making authority for this student. In cases where parents are not in agreement about Homebound Services, the primary custodial parent will make the final decision.

Parent/Guardian Signature: _____ Date: _____
Email: _____

2nd Parent/Guardian Signature (if applicable) _____ Date: _____
Email: _____

MCMINN COUNTY SCHOOLS
PARENT AUTHORIZATION FOR HOMEBOUND SERVICES

Student Name _____ Date of Birth _____

Does this student have any custody papers or a parenting plan? □ Yes □ No

- If yes, who is the primary custodial parent? _____
- If yes, this form must be signed and initialed by ALL parents/guardians with educational decision-making authority for this student. In cases where parents are not in agreement about Homebound Services, the primary custodial parent will make the final decision.

Please verify by initialing each statement, that you have read and understand the following:

_____ The parent/guardian is responsible for completing and returning the Homebound Application Packet. All forms must be returned completed and signed before the packet can be reviewed by the Homebound Committee.

_____ When the homebound request is approved, the student will be placed on homebound a maximum of thirty (30) school days. Parent/guardian and the school will be notified of homebound approval or denial. The homebound teacher will contact the parent/guardian to set up dates and times of instruction.

_____ A parent/guardian, or responsible adult of at least 18 years of age, MUST be present in the home during the ENTIRE instructional period. Parents are also responsible for the student's behavior management during instructional time. If guidelines are not followed, if the home environment is not conducive to learning, or the teacher is verbally or physically threatened, an alternative site for instruction may need to be determined. Students are expected to adhere to the same School Board Polices as if they were attending school.

Name of Adult to be Present	Relationship to Student	Phone Number

_____ Homebound students will receive their instruction either at home or residence of the parent/guardian, virtually, or at the hospital. A quiet work area must be provided for use during scheduled session times. The necessary school materials are to be available.

_____ Students receiving homebound instruction are not eligible to participate in field trips, interscholastic athletics or afterschool programs, or be on their school campus, during the period of homebound instruction, unless otherwise approved by the school principal in coordination with the Review Committee.

_____ The Homebound Program adheres to School Board Policy 6.200 on attendance. All absences, including session cancellations, and no-shows for the Homebound Teacher will be reported to the attendance office. If there is a valid need to reschedule the homebound visit, the parent/guardian must notify the homebound teacher to reschedule.

_____ Prior to the expiration of the period of homebound instruction and return to school, a transition plan/meeting for the student's reentry into the school must be completed.

MCMINN COUNTY SCHOOLS
PARENT AUTHORIZATION FOR HOMEBOUND SERVICES

Student Name _____Date of Birth _____

I agree to follow the Homebound Procedures & Guidelines for Parent/Guardian and Students

Parent/Guardian Signature: _____Date: _____
Email: _____

2nd Parent/Guardian Signature (if applicable) _____Date:_____
Email: _____