



Warren County Board of Education  
2548 Morrison Street  
McMinnville, Tennessee 37110

Jeffery Martin  
Director of Attendance  
931-668-4022 ext. 230

John H. (Bobby) Cox, Ed. S.  
Director of Schools

Dear Parent or Guardian,

Enclosed is the information and forms needed for your student to receive Homebound Services through the Warren County School system for the 2018-2019 school year. Homebound services are provided to students of the system in accordance with TN Law (*State Board of Education Chapter 0520-1-9.07; T.C.A. §§ 49-10-101, 49-10-701, 49-10-1101 & 49-6-3002*). You will find the following forms:

- ✓ **Parent Homebound Checklist and Authorization Form:** This is a checklist of the forms enclosed in this packet. This form also lists who is authorized to be present during the student's instruction. This form must be signed by the parent/guardian of student and returned to homebound committee.
- ✓ **Rules and Responsibilities of the Warren County Schools Homebound Program:** *PLEASE READ AND BE FAMILIAR WITH THIS INFORMATION. PLEASE RETAIN THIS COPY OF THE RULES AND RESPONSIBILITIES FOR FUTURE REFERENCE.* This information includes the parents, students, and homebound teachers' responsibilities and a set of rules and regulations related to homebound services. Failure to abide by the rules and regulations of the homebound program may result in termination of homebound services.
- ✓ **Healthcare Provider Documentation Form:** The appropriately licensed primary or treating physician (i.e. M.D., OB/GYN, Orthopedic Surgeon, Psychiatrist, etc) **MUST sign the HEALTHCARE PROVIDER DOCUMENTATION form.** Applications with stamped signatures or signed by non-physician providers such as physician's assistants, nurse practitioners, chiropractors, etc. **will not be accepted.** You may also include medical documents (i.e. progress/soap notes, admission and discharge summary, etc.) regarding student's medical status with this application.
- ✓ **Authorization to Release Confidential Information:** This form allows Warren County Board of Education employees to request additional records, if necessary, and have verbal conversations with medical personnel related to the student.

The parent/guardian is responsible for the completion and return of the completed and signed Homebound paperwork to the Warren County Board of Education. **Packets must be received by 12:00 p.m. on Monday in order to be reviewed by the committee that week.** The parent/guardian of student is welcome to attend the homebound committee meeting regarding their student. Please contact Mr. Jeffery Martin at 931-668-4022 ext. 230 to set up time to attend meeting. The committee will make the decision regarding a student's placement in the program based on the information provided.

While awaiting a decision regarding placement in the homebound program, it is the responsibility of the student and/or parents/guardian to pick up assignments from their school and 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 prior to the homebound certification. A new Homebound packet and all forms must be completed and signed each school year in order to receive homebound services.

Please return the completed Homebound Referral Packet to:

Mr. Jeffery Martin, Director of Attendance  
Warren County Board of Education  
2548 Morrison Street, McMinnville, TN 37110  
(931) 668-4022 ext. 230 or Fax: 931-815-2703

Sincerely,

*Jeffery Martin*

Warren County Schools Director of Attendance

Revised: 05/25/18

**2018-2019 Warren County Schools Homebound  
Parent Checklist and Authorization Form**

In order to request homebound services for a student, the appropriate homebound forms must be completed, signed, and returned to Warren County Schools Board of Education. **Packets must be received by 12:00 p.m. on Monday in order to be reviewed that week by the committee.**

Forms to be signed and returned:

- \_\_\_\_\_ Healthcare Provider Documentation Form
- \_\_\_\_\_ Signed Authorization to Release Confidential Information Form
- \_\_\_\_\_ Signed Parent Homebound Checklist and Authorization Form

\*\*\*\*\*

I parent/guardian of \_\_\_\_\_ hereby authorize the following responsible adults (18 years and older) to be in attendance during homebound instruction of my child \_\_\_\_\_.

I understand that instruction **WILL NOT** take place unless one of the individuals listed below are present during the entire session. (Parent/legal guardian must be listed below if applicable.)

<u>Adult (18+ years) to be present:</u>	<u>Relationship to Student</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I, the parent/guardian of \_\_\_\_\_, have read and agree to abide by the Rules & Responsibilities of the Warren County Schools Homebound Program. I understand failure of the parent/guardian and/ or child to abide by the rules and responsibilities of the homebound program may result in dismissal from program and possible truancy action.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# 2018-2019 Warren County Schools Homebound Program Rules and Responsibilities

***\*PLEASE KEEP THIS COPY OF RULES & RESPONSIBILITIES FOR YOUR  
INFORMATION AND FUTURE REFERENCE\****

Homebound instruction offers temporary educational services to students unable to physically or mentally attend school. Homebound instruction is provided by a licensed teacher in an alternative location for students who will be absent from school for more than two weeks/ 10 consecutive school days. Placement in the program is a temporary intervention and is not designed to replace or duplicate school-based instruction. Homebound placements shall not exceed thirty (30) school days duration (State Board of Education Chapter 0520-1-9.07; T.C.A. §§ 49-10-101, 49-10-701, 49-10-1101 & 49-6-3002).

If complications from a medical condition require homebound placement to exceed the initial certification (more than 30 school days) a recertification form must be completed. The Recertification for Homebound services must be submitted and approved **PRIOR** to the end of initial Homebound Certification period. Recertification forms submitted **AFTER** the end of the current Homebound period are subjected to denial of future homebound services. The amount of instruction provided to student is typically three (3) hours per week but can be more depending upon the needs of the student. Students will be required to return to a regular school placement as soon as possible.

Students and their Parent(s)/Guardian(s) who are in the homebound program are responsible for following the homebound regulations listed below:

1. The parent/guardian, or responsible adult (18 years or older) authorized by the parent/guardian and who is listed on the authorization form **MUST** be present in the home during the **ENTIRE** instructional period.
2. The student will have any necessary nursing care, doctor's appointments, therapy, etc. scheduled at a time that does not interfere with instruction.
3. The Homebound program adheres to the school board policy on attendance. The student must return to school at the end of their Homebound certification period or they will be subject to truancy action. **The student is expected to be present for homebound instruction at the appointed time and place. All absences will be reported to the attendance office. Doctor's notes will be required for all missed appointments with teacher/absences.** Three absences/cancellations may result in a review by the Homebound Committee, termination of the student from the program and possible truancy action against students and/or parent/guardian. Doctor's appointment/notes for anyone other than the homebound student will not be accepted.
4. The Homebound committee can revoke a student's homebound status at anytime during the homebound period.
5. No student placed in the homebound program shall be actively engaged in employment. Request for exceptions to this policy must be submitted in writing to the Homebound Committee and approved by said committee. Failure to get prior approval can result in termination from the program.

6. No student in the homebound program is to visit ANY school campus without PRIOR written authorization by the Homebound committee Chairperson. Additionally, students are not to attend or participate in ANY extracurricular activities including but not limited to field trips, Prom, school dances, pageants, sporting events, club activities, ballgames, etc. unless authorized in writing by the Homebound Committee chairperson PRIOR to the event. Attendance or participation in such activities without prior written authorization may result in the student's removal from the homebound program.
7. The student and teacher should be provided with a quiet area, equipped with a table/desk and necessary school materials (paper, pencil, pen, textbooks, etc.) for use during scheduled instruction times. If the student is bedridden, a definite place near the bed must be arranged for instruction time and materials. The teacher and the student are not to be interrupted during the instructional period.
8. The Homebound teacher can not travel outside Warren County to provide Homebound Instruction.
9. In addition to the instruction provided by the homebound teacher, the student will be expected to complete assignments on his/her own time. Assignments must be completed prior to the homebound teacher's next scheduled visit. The Homebound program follows the same grading policy adopted by Warren County Schools.
10. Homebound students will receive their instruction either at the home of the parent/guardian who requests the service or at the hospital. Alternative arrangements for instruction at a different location must be arranged with the homebound teacher.
11. If a student's condition requires homebound services for a period to exceed the initial certification by the committee, a Healthcare Provider Documentation Recertification form (yellow form) must be signed by the primary or treating physician and submitted to the Homebound Committee **PRIOR** to the end of the initial homebound period. Recertification forms submitted **AFTER** the end of the current Homebound period are subjected to denial for future homebound services.
12. A verification form must be completed and signed by the adult present during homebound instruction.
13. Once a student has completed Homebound instruction and returned to school, if future Homebound services are needed, for that school year, a new Homebound packet must be signed, completed and submitted for additional services.
14. A new Homebound packet will need to be completed, signed and submitted with each new school year. Homebound forms, for the current school year, are available at each individual school's front office, Warren County Schools' Central Office or at [www.warrenschools.com](http://www.warrenschools.com).

***\*PLEASE KEEP THIS COPY OF  
RULES & RESPONSIBILITIES FOR YOUR  
INFORMATION AND FUTURE REFERENCE\****

**2018-2019 WARREN COUNTY SCHOOLS HOMEBOUND PROGRAM  
HEALTHCARE PROVIDER DOCUMENTATION**

*This form is required when students are applying for homebound services due to an illness, injury, or pregnancy that prevents school attendance for duration of at least two weeks or more. When complications from a medical condition require homebound placement past the initial certification, a recertification form must be completed. Please contact Jeffery Martin at (931)668-4022 ext. 230 or Sonja Walker, RN (931)668-4022 ext. 267 with any questions regarding homebound services. Thank you*

**TO BE COMPLETED BY PARENT:** (Please Print)

Student Name _____	Date of Birth _____
School _____	Grade _____ Gender _____
Parent(s) _____	
Address _____	
Phone Number (home) _____	(work) _____ (cell) _____

**TO BE COMPLETED BY PHYSICIAN:** (Please Print)

Physician \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Date Last Examined \_\_\_\_\_ Diagnosis/Etiology \_\_\_\_\_

**\*\* Students requesting Homebound for Pregnancy please complete info in box below \*\***

Prognosis \_\_\_\_\_ Communicable Status \_\_\_\_\_ Immunocompromised Status \_\_\_\_\_  
Treatment Plan \_\_\_\_\_  
Medication(s) \_\_\_\_\_  
Restrictions of physical activity ( ) yes ( ) no. If yes, specify nature and duration of restriction \_\_\_\_\_

**DATE HOMEBOUND TO BEGIN:** \_\_\_\_\_ **DATE EXPECTED TO RETURN TO SCHOOL:** \_\_\_\_\_

**\*\*TO BE COMPLETED FOR PREGNANCY ONLY\*\***

\_\_\_\_\_ **Expected Date of Delivery**

**Is the student medically unable to attend class because of health complications arising from the pregnancy?** \_\_\_\_\_ **YES** - list complication(s): \_\_\_\_\_

***\*\*\*Complications should be of a nature as to have a diagnosis code. Some examples are gestational diabetes, pre-term labor (PTL), eclampsia, toxemia, pregnancy induced hypertension (PIH), etc. & must be supported by documentation from office visits and/or hospitalization admission and discharge summary. Abdominal pain, back pain, nausea, & fatigue are common to pregnancy & are not considered complications for the purpose of homebound instruction.***

\_\_\_\_\_ **NO- Normal pregnancy**  
\_\_\_\_\_ **6-week post-partum care: Date of Delivery** \_\_\_\_\_  
\_\_\_\_\_ **Beyond six weeks post-partum – list medical complications of student:** \_\_\_\_\_

**ALL HOMEBOUND PLACEMENTS SHALL BE TEMPORARY. HOMEBOUND PLACEMENTS SHALL NOT EXCEED THIRTY (30) SCHOOL DAYS DURATION. WHEN COMPLICATIONS FROM A MEDICAL CONDITION REQUIRE HOMEBOUND PLACEMENT TO EXCEED THE INITIAL CERTIFICATION (MORE THAN 30 SCHOOL DAYS) A RECERTIFICATION FORM MUST BE COMPLETED.**

**Signature of Physician** \_\_\_\_\_ **Date** \_\_\_\_\_

**FORM MUST BE SIGNED BY PRIMARY OR TREATING LICENSED PHYSICIAN ONLY**

**NO NURSE PRACTITIONER, PHYSICIAN ASSISTANT OR STAMPED SIGNATURE ACCEPTED**

Warren County Board of Education  
2548 Morrison Street  
McMinnville, TN 37110  
Phone: (931) 668-4022 Fax: (931) 815-2703

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION**

Pursuant to Federal Guidelines concerning my Right to Confidentiality, I hereby authorize the use or disclosure of information on \_\_\_\_\_, \_\_\_\_\_  
(Student's full name) (Student's Date of Birth)

**From:** \_\_\_\_\_  
(Name of Person or Agency)  
\_\_\_\_\_  
(Street Address)  
\_\_\_\_\_  
(City, State and Zip Code)

**To: Warren County Schools**  
**2548 Morrison Street**  
**McMinnville, TN 37110**

I specifically consent to the release of information pertaining to:

- Medical records
- Psychiatric records
- Alcohol and/or Drug records
- Residential records
- Other (specify):  
\_\_\_\_\_  
\_\_\_\_\_

Information to be released:

- Discharge Summary
- Treatment Plan
- Progress Notes
- Verbal Exchange of Information
- Physician's Statement forms
- Psychiatric Evaluation
- Psychological Evaluation

The purpose in releasing this information:

- Homebound Services
- Developing educational accommodations/ programs
- Development of school health plan
- Other (please describe):  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I may revoke this consent at any time by written notification to Warren County Schools. However, I also understand that any release that has been made prior to my revocation and that was made on the basis of this authorization shall not constitute a breach of my Right of Confidentiality. I understand that my records are protected under the Family Educational Rights and Privacy Act (20 U.S. C. & 1232g; 34 CFR Part 99), and these records cannot be disclosed without my written consent unless otherwise provided for in the regulations. *This authorization shall expire automatically in one year if no date is indicated below.* A copy of this authorization shall be considered as effective and valid as the original.

Expiration Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian (Required if student is below 18 years of age)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Student (Required if student is age 16 or above)

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date signed