

Home and Hospital Instruction (HHI) Application

Instructions: This form must be completed by a parent or guardian on behalf of a current Maya Angelou PCS student or completed by a current Maya Angelou PCS adult student. Please complete this form in its entirety and attach the student's medical certification. Completed materials should be emailed to: Natalie Sellman at nsellman@seeforever.org.

Student Information

First Name: _____ Last Name: _____

Date of Birth: _____ LEA Name: Maya Angelou PCS

I/My student have the following: IEP 504 Plan Neither IEP or 504 Plan

School Name: _____

Parent/Guardian Information (not required if student is an adult)

First Name: _____ Last Name: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

Relationship to child: _____

Advocate/Representative Information (if applicable)

First Name: _____ Last Name: _____

Street Address: _____ City/State/Zip: _____

Phone Number: _____ Email: _____

Home and Hospital Instruction Request

Requested Start Date of Home and Hospital Instruction: _____

Expected Number of School Days the Student Needs Home and Hospital Instruction: _____

Medical Certification: This application must be accompanied by a medical certification need. This must be a written letter from the appropriate medical personnel that:

1. Includes signatory's license number;
2. Certifies that a student has been diagnosed with a health condition and explain how the condition had caused or is anticipated to cause the student to be unable to attend in-school instruction on a continuous, partial, or intermittent basis, at the student's school of

- enrollment or attendance for 10 or more consecutive or cumulative school days during a school year;
3. Contains a recommendation that the student receive HHI;
 4. Identifies if there are a maximum number of direct instructional hours permitted due to the student's health condition;
 5. Defines the expected duration and frequency of the student's health condition and the needed start date for services; and
 6. Explains whether the medical condition is anticipated to cause continuous, partial, or intermittent absence from school.

I am requesting the approval of the above named student for home and hospital instruction. I give permission to Maya Angelou PCS to review my/my student's medical certification of need in order to determine eligibility for home and hospital instruction.

Printed Name of Parent/Guardian or Adult Student

Signature of Parent/Guardian or Adult Student

Date

After completing and signing this form, please email the form and a copy of the medical certification of need to Natalie Sellman at nsellman@seeforever.org.