

# BALTIMORE CITY PUBLIC SCHOOLS

## APPLICATION FOR CHIP SERVICES

### STUDENTS WITH A QUALIFIED CHRONIC HEALTH IMPAIRMENT OFFICE OF HEALTH AND SPECIALIZED STUDENT SERVICES

2000 Edgewood Street – Lower Level Baltimore, MD 21216

Phone: 410-396-0775 Fax :410-233-1367 EMAIL:[homeandhospitalmedical@bcps.k12.md.us](mailto:homeandhospitalmedical@bcps.k12.md.us)

## INFORMATION

**Purpose of the Form:** This form is used by parents/guardians to apply for home and hospital support for students with **chronic physical or mental health/emotional conditions** that may result in the need for these services. The Home and Hospital Services (HHS) unit uses the information provided on this application to determine a student's eligibility for Chronic Health Impairment Program (CHIP) services. For a student to be eligible, the qualified medical provider should anticipate that the student will be absent for at least 20 days during the school year. For absences of shorter duration due to chronic physical or mental health/emotional condition, the school of enrollment should work with the parents/guardians to provide missed academic work. The completed **Application for Home and Hospital Services – Students with a Qualified Chronic Health Impairment** is used by the HHS unit to:

- Determine if a student is eligible and meets the qualifications for HHS CHIP services
- Obtain required medical information, including the student's diagnosis and treatment plan from a physician or certified nurse practitioner for students with a qualified physical condition, or a licensed psychiatrist, psychologist, certified school psychologist, or a certified psychiatric mental health nurse for mental health/emotional conditions.
- Obtain recommendations from an above named medical practitioner regarding the type of HHS service that aligns with the student's needs
- Obtain parent/guardian permission to:
  - Contact the medical professional(s) providing the student with treatment for the condition to confirm the diagnosis and/or clarify other medical information (ex. clarify the diagnosis, medications, treatment, HHS recommendation, or return to school plan)
  - Provide CHIP services for a student with a qualified physical or mental health/emotional condition.

## CHIP SERVICES

The Code of Maryland (COMAR) 13A.03.05, the Individuals with Disabilities Education Act (IDEA), the Americans with Disabilities Act (ADA), Section 504 of the Rehabilitation Act of 1973, and Baltimore City Public Schools policies inform and regulate the provision of home and hospital services. COMAR requires school districts to provide CHIP services for eligible students. This allows students to be enrolled in and attend school concurrently, or at the same time as they receive CHIP services.

### What is the Chronic Health Impaired Program (CHIP)?

CHIP provides supplementary and remedial instruction for students with chronic illnesses such as cancer, kidney disease, sickle cell anemia, epilepsy, cystic fibrosis, diabetes, or hemophilia, depression, and bipolar disorder. These diagnosed medical or mental health/emotional conditions may cause students to frequently be absent from school. It is anticipated that CHIP students will miss 20 or more days of school across the school year.

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CHIP services supplement classroom instruction and are designed to help students make up missed work in order to keep up with classroom assignments. Students approved for CHIP stay enrolled in and attend their assigned school. CHIP services are provided for qualified students on an “as needed” basis when the illness causes them to miss school for short time spans throughout the school year.

Students who are expected to be absent 20 or more consecutive school days due to physical or mental health/emotional conditions may be more appropriate for full or part-time home and hospital services.

### **Who qualifies for CHIP services?**

Students in kindergarten through Grade 12 who have documented chronic illnesses such as those noted above may qualify for CHIP.

### **What is a typical CHIP schedule?**

Students approved for CHIP services who have two consecutive absences in one school week can be scheduled to receive HHS support using the following model:

- Two consecutive days of health-related absences in one week = two hours of tutoring
- Three consecutive days of health-related absences in one week = three hours of tutoring
- Four consecutive days of health-related absences in one week = four hours of tutoring
- Five consecutive days of health-related absences in one week = five hours of tutoring

### **How are CHIP services provided when a student is absent from school for two consecutive days in one school week?**

Parents/guardians call the HHS office at 410-396-0775 to let staff know that their CHIP approved child missed two consecutive days of school in one week.

Alternatively parents/guardians may email the HHS office at [homeandhospitalmedical@bcps.k12.md.us](mailto:homeandhospitalmedical@bcps.k12.md.us) to let staff know that their CHIP approved child missed two consecutive days of school in one week.

### **Who provides CHIP services for my child?**

The HHS office assigns an approved HHS staff teacher to contact the parent/guardian to schedule CHIP services. Services may be provided virtually, in a hybrid model of virtual and in-person options, or in-person only. The HHS unit will determine the manner in which instructional services shall be delivered.

### **What is the amount of time my child can be qualified for CHIP?**

CHIP services are approved only for the **current** school year. A new application must be submitted each school year.

**Hospitalized Students:** Families of students who are hospitalized in Baltimore City or in other jurisdictions should contact HHS to discuss available services.

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## INSTRUCTIONS FOR COMPLETING THE APPLICATION

To prevent delays in processing your HHS CHIP application when the **reason is due to a diagnosed chronic physical or mental health/emotional condition, parent/guardians and qualified medical practitioners complete the Application for Home and Hospital Services – Students with a Qualified Chronic Health Impairment.**

Please carefully review the following and complete all steps:

- ✓ Parents/guardians complete Part I. Be sure to print your name and sign and date the application.
- ✓ Licensed physicians or certified nurse practitioners complete Part II of the application for students with physical health conditions
- ✓ Licensed psychiatrists, licensed psychologists, certified school psychologist, or certified psychiatric mental health nurses complete the for students with mental health/emotional conditions.
- ✓ Submit the application to the HHS Unit either in-person, as an email attachment with all signatures included, or by fax.

**CHIP services are approved for the current school year only.**

If you have questions, contact HHS at **410-396-0775**.

**Please submit the Home and Hospital Services (HHS) – Students with Qualified Physical Health Conditions Application to:**

**Home and Hospital Services**

**2000 Edgewood Street – Lower Level**

**Baltimore MD 21216**

**Fax: 410-233-1367**

**Scan via email: [homeandhospitalmedical@bcps.k12.md.us](mailto:homeandhospitalmedical@bcps.k12.md.us)**

Baltimore City Public Schools does not discriminate in its employment, programs, and activities, based on race, ethnicity, color, ancestry, national origin, nationality, religion, sex, sexual orientation, gender, gender identity, gender expression, marital status, pregnancy or parenting status, family structure, ability (cognitive, social/emotional, and physical), veteran status, genetic information, age, immigration or citizenship status, socioeconomic status, language, or any other legally or constitutionally protected attributes or affiliations, as outlined in Board Policies [JBA](#), [JBB](#), [JICK](#), [ACA](#), [ACB](#), and [ACD](#). [Link to Full Nondiscrimination Notice.](#)

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**PART I: TO BE COMPLETED BY THE PARENT/GUARDIAN**

**Student Information**

Student Name \_\_\_\_\_ Birthdate \_\_\_\_\_

City Schools Student ID # (if known) \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Last Day of School Attendance \_\_\_\_\_

Individualized Education Program (IEP) Yes \_\_\_ No \_\_\_      504 Plan Yes \_\_\_ No \_\_\_

**Parent/Guardian Information**

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_ Extension) \_\_\_\_\_

Email Address \_\_\_\_\_

Relationship to Student: Mother \_\_\_ Father \_\_\_ Guardian \_\_\_ Other\_(Please specify) \_\_\_\_\_

I grant permission for Baltimore City Public Schools to provide home and hospital services for my child and to consult with the required referring medical provider in reference to the medical or mental health/emotional condition(s) included in this application. I am aware that Baltimore City Public Schools has the right to withhold service until the need for home and hospital services has been confirmed.

I am aware that I may revoke my consent in writing at any time during the period that home and hospital services are scheduled to be provided and to request a review regarding disagreements with HHS.

A letter revoking services or requesting a review of disagreements should be sent or emailed as an attachment to the Director of Health and Specialized Student Services, located at:

2000 Edgewood Street – Lower Level  
Baltimore Maryland, 21216  
Email: [homeandhospitalmedical@bcps.k12.md.us](mailto:homeandhospitalmedical@bcps.k12.md.us)

Signature of Parent/Guardian \_\_\_\_\_

Printed Name of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_

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**PART II: TO BE COMPLETED BY THE REFERRING QUALIFIED MEDICAL OR MENTAL HEALTH PROVIDER**

**MEDICAL VERIFICATION – HOME AND HOSPITAL SERVICES (HHS) – CHRONIC HEALTH IMPAIRMENT CONDITIONS ONLY**

Please note that medical verification is necessary for Baltimore City Public Schools (City Schools) to process a parent/guardian request for Home and Hospital Services (HHS). COMAR requires that once approved for a school year, the Application for Home and Hospital (HHS) – Students with Qualified Chronic Health Impairments must be submitted for each subsequent school year that services are needed.

Qualified providers for physical health conditions include the following:

- Licensed Physician
- Certified Registered Nurse Practitioner (CRNP)

Qualified providers for mental health/emotional conditions include the following:

- Licensed Psychiatrist
- Licensed Psychologist
- Certified School Psychologist
- Certified Psychiatric Mental Health Nurse Practitioner (PMHNP-c)

**Name of Student** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Provider Information**

Name of Referring Provider \_\_\_\_\_

Office Telephone Number \_\_\_\_\_

Office Fax Number \_\_\_\_\_

Office Address \_\_\_\_\_

**Medical Diagnosis/Condition**

Please provide the following information, either below or attached to the signed document:

1. **Specify the physical or mental health/emotional condition that results in the student’s frequent absences from school:**

Diagnosis/Code(s) \_\_\_\_\_

2. **Reasons the diagnosed condition results in frequent absences from school.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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3. Is the medical condition contagious? Yes \_\_\_ No \_\_\_

If yes, describe the condition and any needed precautions for staff providing in-person instruction.

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4. Explain any additional precautions that you recommend when teaching the student in-person.

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Medication

5. Is the student currently taking any medication? Yes\_\_\_ No \_\_\_

Medicine(s)/Dosage:

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6. Describe how the medication(s) medication might impact the student's school performance.

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Student Contact with Provider

7. Is the student seen by you on a regular schedule? Yes \_\_\_ No \_\_\_

8. Frequency of Visits

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9. Date of Most Recent Appointment

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Name of Additional Provider (as needed) \_\_\_\_\_

Area of Specialization \_\_\_\_\_

Frequency of Visits \_\_\_\_\_

Date of Most Recent Visit \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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**Recommendation for HHS Services**

Services may be provided virtually, as a hybrid model with virtual and in-person services, or in-person only, as determined by City Schools.

**10. Is the student able to participate in virtual instruction?** Yes \_\_\_ No \_\_\_

If the answer is no, please provide an explanation.

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**11. Describe the specific strategies that you, as the referring professional, will implement to support the student's improved attendance.**

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**12. Describe strategies that you recommend for consideration by the school to support the student's improved attendance.**

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**Certification by Approved Medical Practitioner**

By signing my initials next to each bullet and my full signature at the end of this statement, I certify that:

- I am a licensed or certificated as a:
  - \_\_\_ Licensed physician
  - \_\_\_ Certified nurse practitioner (CNP)
  - \_\_\_ Licensed psychiatrist
  - \_\_\_ Licensed psychologist
  - \_\_\_ Certified school psychologist
  - \_\_\_ Certified psychiatric mental health nurse practitioner
- I am currently treating the above-named student. \_\_\_\_\_
- It is anticipated that the student will frequently be absent from school due to the diagnosed physical and/or mental health/emotional condition(s) described above. \_\_\_
- I am aware of the types of CHIP home and hospital services model available to students enrolled in Baltimore City Public Schools. \_\_\_\_\_
- I am aware that students who qualify for CHIP services are approved only for the current school year. A new application must be submitted every school year.
- I am aware of the following:
  - HHS cannot be used for students receiving special education services who are awaiting a change of placement or placement in a non-public special education school.
  - HHS cannot be used for students who have been removed from school for disciplinary reasons. \_\_\_\_\_

Signature of Referring Provider \_\_\_\_\_

Date \_\_\_\_\_

Printed Name of Provider \_\_\_\_\_

License or Certificate Number \_\_\_\_\_

**Parent/guardians will submit the Application for Home and Hospital Services (HHS) – Students with Qualified Chronic Health Impairments to:**

**Department of Health and Specialized Student Services - Home and Hospital Services Unit  
2000 Edgewood Street – Lower Level  
Baltimore MD 21216  
Fax: 410-233-1367**

Scan via email: [homeandhospitalmedical@bcps.k12.md.us](mailto:homeandhospitalmedical@bcps.k12.md.us)

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**FOR BALTIMORE CITY PUBLIC SCHOOLS USE ONLY – DO NOT WRITE BELOW THIS LINE**

**CHIP Services Approval Date:**

**CHIP Instructional Model:**

Virtual: \_\_\_\_\_

Hybrid: \_\_\_\_\_

In-person: \_\_\_\_\_

**CHIP Instruction Service Provider:**

Teacher of Record: \_\_\_\_\_

HHS Teacher: \_\_\_\_\_

Virtual Tutoring Program: \_\_\_\_\_

**HHS Authorization Signature:** \_\_\_\_\_

**Date :** \_\_\_\_\_