



Housing Accommodation Request Procedure

Students with disabilities that require a specific housing assignment to ensure equal access to the housing program may request accommodations by completing a Housing Accommodation Request Form. Housing accommodation requests are reviewed by a committee. For qualified students with documented disabilities whose requests are approved, Accessibility Resources recommends housing accommodations to the Office of Housing and Residence Life. Housing placements are prioritized based on the student's diagnosis, impact of disability on living situation and the available housing options on-campus. When possible, the preferences of the students are considered. Please note, late requests will be accepted. However, it is not guaranteed that late requests - even if approved - will be able to be accommodated based upon availability.

Things to Remember:

- Documentation must establish a direct connection between the medical condition or psychological or psychiatric diagnosis and the housing accommodation. To ensure the provision of reasonable and appropriate accommodations, documentation must be current and comprehensive, and updated documentation may be required on a case-by-case basis.
- Determinations are made by a committee of appropriate University officials. Students will be notified of a decision via university email, in April for returning students and in June for incoming students.
- Learning disabilities or attention deficit disorders do not warrant special housing accommodations.
- Students must complete the OAR Housing Accommodation Request Form each year if they wish to continue receiving housing accommodations.



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Housing Accommodation Request Form

Directions to Students:

- Complete Part I
- Sign the consent for Release of Information in Part I and Part II
- Provide Part II to your treating/medical professional
- Both parts must be returned to the Office of Accessibility Resources by April 1, 2025 for returning students and June 30, 2025 for incoming students.

Part I: Student to complete the following:

Name: _____ Drew ID#: _____

Student Cellular #: _____

Drew Email: _____

Status: Incoming Freshman Incoming Transfer Returning Undergrad Grad Student

Accommodation request is for: ____ Fall ____ Spring ____ Summer Year: _____

State the nature of your disability for which you are requesting a housing accommodation:

Please explain the housing accommodation(s) you are requesting.

Have you had this accommodation at Drew University in the past? Yes _____

No _____

Please describe *how* this accommodation will reduce the impact of your disability in the residence halls.



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Are you currently being treated for this condition and if so, for how long?

What is your treating professional's name, address and phone number?

Do you require use of an elevator? Yes _____ No _____

Can you go up/down stairs? Yes _____ No _____

Will you require assistance in an emergency evacuation? Yes _____ No _____

Will you require audio or visual alarms for emergency egress in your individual room?
Yes _____ No _____

Please add any other information you feel is important for us to consider in reviewing your request.

Consent for Release of Information (to be completed by student):

I authorize _____ (physician or evaluator's name) to disclose the information requested by this form to the Office of Accessibility Resources at Drew University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other university offices.

Student Signature: _____ Date: _____



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Student Name: _____

Consent for Release of Information (to be completed by student):

I authorize _____ (physician or evaluator's name) to disclose the information requested by this form to the office of Accessibility Resources at Drew University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a "need to know basis" with other university offices.

Student Signature: _____ Date: _____

Please type answers or write clearly. Forms with illegible handwriting will be returned to the student to resubmit.

Part II: Treating Professional Verification

Accommodations are only available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that substantially limits one or more major life activities." Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

Based on this definition does the individual have a disability? Yes _____ No _____

Date of original diagnosis: _____

Date of most recent evaluation/treatment session: _____

Is the student currently under your care? Yes _____ No _____

How often do you see the student? _____

How long have you been treating this student for this condition? _____

Diagnosis (please include diagnostic code)



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What housing accommodations are you recommending for this student and when did you recommend the student use these accommodations?

Please elaborate on why you are recommending these accommodations for the student to use when living on campus.

Describe the student's functional limitations or behavioral manifestations caused by the condition.

Describe the type, severity, and frequency of symptoms related to this disability?

What do you foresee as the impact living in a college residential hall setting without the student's requested accommodations?

What is the expected duration, stability or progression of the student's disability?

Describe current treatments, and/or medications student is utilizing for treatment (for instance, frequency and duration of counseling treatment if any for a mental health condition).

Is the disability medicated or well controlled by medications or other treatments?

Yes _____ No _____



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Is the medical condition/diagnosis permanent or temporary? If temporary, what is the anticipated duration?

Is this request medically or clinically necessary, or recommended to enhance the comfort and convenience of the student? *If medically necessary, please explain how the accommodation relates to the impact of the medical condition/diagnosis.

If this accommodation could not be provided, what would be the impact on the student?

Is this accommodation an integral component of an ongoing treatment plan for the condition in question? Yes _____ No _____

*If yes, please elaborate on **how** the requested accommodation is an integral component of the treatment plan.

Describe how the accommodation will mitigate the symptoms of the student's disability.

What is the anticipated impact on academic performance if the request is not met?

What is the likely impact on social development, if any, if the request is not met?



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Is there anything else we should know that we have not asked about? If so, please elaborate here.

THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID
Treating/Medical Professional's Information

Name: _____ Title: _____

Specialty: _____

Office Address: _____

Phone: _____

License/Certification Number and State of License _____

May we contact you if we have questions about this student's accommodation request?

Yes _____ No _____

Signature: _____ Date: _____