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 March 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.
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 March 31, 2023 for returning students and June 30, 2023 for incoming students.

Part I: Student to complete the following:

Name: _______________________________  Drew ID#: __________________

Student Cellular #: ____________________

Drew Email: __________________________

State the 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.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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.

________________________________________________________________________

Would you like Accessibility Resources to contact you regarding disability related academic accommodations or support services? Yes_______ No_______

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: ______

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:________

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_______

Diagnosis (please include diagnostic code)

_________________________________________________________

_________________________________________________________

Date of last contact with the student _________________________

Is the student currently under your care and if so how often do you see the student?

_________________________________________________________

How long has the student been in treatment with you? _________________
Describe the student’s functional limitations or behavioral manifestations caused by the condition. Please 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?

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

Is the medical condition/diagnosis mediated or controlled by medications or other treatments? If so, please describe medications prescribed or other treatments.

Is this request medically 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?
________________________________________________________________________
________________________________________________________________________

Please indicate if the student may be a risk during an emergency evacuation.
________________________________________________________________________
________________________________________________________________________

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: __________________________