

Application for Requesting a Medical Accommodation in the Residence Halls or Release from Housing Obligation

Disability Documentation Form Regarding College Housing

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please Note: SUNY Delhi is deeply committed to the full participation of students with disabilities in all aspects of College life. As a four-year college, learning to live in a community and share space with others is an integral part of students' educational experience. A standard housing assignment is a two- or three-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and with access to a communal kitchen. There are numerous campus locations that provide quiet spaces for studying including the library.

Accommodations in the residential environment are not granted based on preference or a desire for a particular type of location or for a desire for a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for this student.

Once a Medical Accommodation Request Form is submitted, the Accommodations Committee has 90 days to review and share the results of the request. Requests will not be processed in person unless assistance is needed in completing the form or if the Accommodations Committee asks to schedule a meeting to better determine your eligibility.

Student's Name: _____

Date of Birth: _____

This form is to be completed by a qualified health care provider (who is not related to the student and is treating the student's condition) with experience and expertise regarding the functional limitations of the student's disability and current symptomology which would impact the student's housing needs. Thank you in advance for providing as much detail possible in your responses.

Care Provider Information

Practice Name and Address (Stamps welcome)

Provider Name: _____

Credentials: _____

Email: _____

Telephone: _____

The student named above has requested a disability-based housing accommodation at SUNY Delhi. 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 listed in Item 3, below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Under the ADA, this individual has a... _____ Disability or _____ Temporary Impairment

2. Please cite the student's diagnosis:

#1: _____

#2: _____

#3: _____

3. Please check the major life activity(ies) that are substantially limited by the disability/impairment:

- | | | | |
|-----------------------------------|--|------------------------------------|--|
| <input type="checkbox"/> Walking | <input type="checkbox"/> Manual Tasks | <input type="checkbox"/> Learning | <input type="checkbox"/> The operation of major bodily functions |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Reading | <input type="checkbox"/> Working | <input type="checkbox"/> Eating |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Concentration | <input type="checkbox"/> Hearing | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Thinking | <input type="checkbox"/> Standing | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Bending | <input type="checkbox"/> Self-Care | <input type="checkbox"/> Breathing | |

Other: _____

4. Date of diagnosis: _____ Made by you? Yes
No, Dx made by: _____

5. Number of consultations with you in the past 3 years: _____
Date of your most recent evaluation: _____

6. Length of time under your care _____

7. Currently under your care? Yes No, care ended on: _____

8. Medical/therapeutic equipment needed:

9. Medication prescribed:

10. Describe any relevant side effects of prescription medication(s):

11. Please describe in detail the symptoms currently experienced by the student.

12. Please describe in detail how the disability interferes with one or more major life activities as would be encountered in the residential living environment. (Attachments welcome if additional space is needed.)

13. Please indicate the approximate frequency of symptoms experienced:

Periodic - # of annual occurrences: _____ X per month _____ Most days _____
Seasonal - # of annual occurrences: _____ X per week _____ Daily _____
How long do symptoms persist? _____
Other/Comments? _____

14. Given the standard housing assignment and study sites explained on p.1, please describe and provide rationale for any modifications you are recommending to accommodate the student's disability. Please also explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition.

15. Please provide evidence that the student will not be able to use and enjoy the residence hall or to participate in the services or program if the medically related accommodation is not approved.

16. What are some possible alternatives if meeting your primary recommendation is not possible?

17. If you are recommending a single room, please indicate whether there are any risks associated with single room isolation and identify those risks.

18. Please indicate whether and how this student may be at risk during an emergency evacuation (e.g. fire):

19. I have attached the supporting documentation for this diagnosis._____

Care Provider's Signature

Date

Thank you for printing, signing and returning this form to SUNY Delhi's Office of Residence Life as soon as possible via:

Fax :
(607) 746-5087

US Mail:
Office of Residence Life
111 Catskill Hall
454 Delhi Drive
Delhi, NY 13753

Questions? Call: 607-746-4630