

**Access and Equity Services**Resnick Academic Achievement Center  
Bush Hall

Phone (607) 746-4596

Fax: 607-832-7593

[accessandequity@delhi.edu](mailto:accessandequity@delhi.edu)

## Request for Accessible Housing Accommodations: Guidelines for Requests

In accordance with applicable federal and state disability laws, SUNY Delhi will make every effort to provide reasonable housing accommodations for students who have qualifying disabilities. To properly evaluate how SUNY Delhi can best meet the student's need for reasonable accommodations in College housing facilities, the College requires information to understand how the requested accommodation relates to the current impact of the disability. Reasonable and appropriate accommodations depend on the disability, the housing environment, and the process necessary to create equal access. Only applications that represent a qualifying disability will be considered for housing accommodations. Students who qualify for disability-related housing accommodations under Section 504 of the Rehabilitation Act of 1973 and the subsequent Americans with Disabilities Act (ADA) of 1990, as amended in 2008, will receive any such accommodations without any additional charge. SUNY Delhi reserves the right to amend this policy at any time as circumstances require.

- When requesting a housing accommodation, applicants are expected to have already **applied for SUNY Delhi housing** and have **met all eligibility requirements and payment deadlines** ([Applying for Housing](#)).
- All accommodations are determined by the Access and Equity Office staff on an individualized and case-by-case basis according to documented need and prevailing standards for reasonable accommodations.
- A recommendation of housing accommodation is forwarded to the Office of Residence Life.
- The Office of Residence Life makes housing assignments **based on availability**.

### How to Apply for a Reasonable Housing Accommodation

THE STUDENT MUST COMPLETE SECTION A (PAGE 3) OF THIS FORM. The student's signature provides the appropriate College staff member permission to speak with the professional who completes the information in section B (pages 4-7).

THE TREATMENT PROFESSIONAL COMPLETES SECTION B (PAGES 4-7) OF THIS FORM. **Please understand that submission of this form does not guarantee that the specific accommodation requested will be granted.**

- Factors we consider when evaluating housing accommodation requests include the severity of the disability, thorough information on Sections A and B, the timing of the request, and the feasibility of the request.
- The housing accommodation process considers access for living purposes only and not for other aspects of the college experience, such as studying.
- Please be advised that single rooms are reserved for individuals with specific needs that may only be met in single spaces.
- Building-specific requests and roommate requests are not considered a reasonable accommodation and generally will not be evaluated by the Access and Equity Office.



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### Required Submission Dates

- **Spring Semester** submit by: December 1
- **Summer Session** submit by: April 15
- **Fall Semester Returning** submit by: April 1
- **Fall Semester Incoming** submit by: June 1

In order to ensure availability, requests for housing modifications are asked to adhere to the above submission dates. As spaces are assigned to all students, fewer options exist for reasonable accommodations to be made.

The individual requesting accessible housing accommodation should complete and provide **both** Sections A and B of this form as soon as practicably possible before moving into College housing. However, if the request for accommodation is made **fewer than 90 days** before the individual intends to move into College housing, SUNY Delhi cannot guarantee that it will be able to meet the individual's accommodation needs during the first semester or term of occupancy.

If the need for accessible campus housing arises when an individual already resides in College housing, they should contact Access and Equity and complete the steps to request a housing accommodation as soon as practicably possible. SUNY Delhi cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received.

### Determination

Documentation supporting a request will be reviewed by the Accessible Campus Housing Committee, and all documentation will be held by the Access and Equity Office. The Accessible Campus Housing Committee will evaluate all requests for disability-related accommodations carefully and, when necessary, in consultation with other offices on campus. **The student will be notified of the decision by the Accessible Campus Housing Committee via Delhi e-mail approximately 10-14 business days after receipt of all required documentation.**

If the request is approved, the student will be required to register with the Access and Equity Office as a student with a documented disability. The recommendation for a housing accommodation will then be forwarded to the appropriate personnel in the Office of Residence Life. The college reserves the right to request updated documentation every academic year to verify the continued need for accessible campus housing.

The Office of Residence Life will make a housing assignment based on the availability of spaces. The assignment generally pertains only to the student requiring reasonable accommodation and not to any associated roommate(s).



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REQUEST FOR ACCESSIBLE HOUSING ACCOMMODATIONS

**SECTION A – STUDENT INFORMATION (to be completed by the student)**

*Please type responses or print clearly*

Student Name:	Student I.D. #:
Date of Birth:	Cell Phone:
Home Address:	SUNY Delhi e-mail:
Student Status: (Please select one)	
<input type="checkbox"/> Current Student <input type="checkbox"/> New Student	
Request Status: <input type="checkbox"/> New <input type="checkbox"/> Renewal	

1. Please describe the disability that necessitates your need to have a housing accommodation.

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2. Describe the accommodation which you believe is necessary for you to have equal access to the campus living environment.

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**SECTION B: TREATMENT PROFESSIONAL SECTION (to be completed by the treatment professional)**

*Please type responses or print clearly*

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

To determine eligibility for a reasonable accommodation in housing, SUNY Delhi requires current and comprehensive documentation of the student's disability from an appropriate licensed professional or healthcare 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. The documentation that supports the student's request must address the questions below. Thank you in advance for providing as much detail as possible in your responses.

Please note that SUNY Delhi's campus housing has very few single-occupancy rooms and does not have single-occupancy apartments with kitchens and bathrooms. 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. Numerous campus locations 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.

I authorize SUNY Delhi to receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the appropriate College personnel to make a determination of reasonable and necessary accommodations. My signature also indicates that the statements and documentation have been provided by me. I understand that providing false information would constitute a violation of the SUNY Delhi Student Code of Conduct and might result in disciplinary action.

Provider Name: \_\_\_\_\_

Provider Address: \_\_\_\_\_

Provider Phone: \_\_\_\_\_

Student Printed Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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1. Nature of disability (DSM-5 diagnosis/diagnoses), please provide details (including severity of the condition):

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2. Describe current treatment, medications (if any), and potential adverse side effects of medications, if relevant:

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3. Check all relevant functional limitations that are **substantially limited**:

- |  |  |  |                                 |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Walking         | <input type="checkbox"/> Hearing         | <input type="checkbox"/> Learning (including memory/concentration) | <input type="checkbox"/> Seeing |
| <input type="checkbox"/> Sleeping        | <input type="checkbox"/> Caring for self | <input type="checkbox"/> Interacting with others                   |                                 |
| <input type="checkbox"/> Climbing stairs | <input type="checkbox"/> Working         | <input type="checkbox"/> Performing manual tasks                   |                                 |
| <input type="checkbox"/> Breathing       | <input type="checkbox"/> Lifting         | <input type="checkbox"/> Self-Care                                 |                                 |
| <input type="checkbox"/> Speaking        | <input type="checkbox"/> Bending         | <input type="checkbox"/> Communicating                             |                                 |
| <input type="checkbox"/> Eating          | <input type="checkbox"/> Standing        | <input type="checkbox"/> The operation of major bodily functions   |                                 |
| <input type="checkbox"/> Reading         | <input type="checkbox"/> Concentrating   | <input type="checkbox"/> Thinking                                  |                                 |

Other, please describe: \_\_\_\_\_

4. Is the student's disability permanent, temporary, or episodic? \_\_\_\_\_

5. Please explain how each functional limitation will specifically affect your client's ability to live in campus housing: (Attachments welcome if additional space is needed.)

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6. Date of most recent assessment of this diagnosis (last visit with you): \_\_\_\_\_  
Made by you?  Yes  No, Dx made by: \_\_\_\_\_

7. Number of consultations with you in the past 3 years: \_\_\_\_\_  
Date of your most recent evaluation: \_\_\_\_\_

8. Length of time under your care \_\_\_\_\_

9. Currently under your care?  Yes  No

10. Medical/therapeutic equipment needed:

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11. Medication prescribed:

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

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

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14. Please explain how each functional limitation will specifically affect your client's ability to live in campus housing: (Attachments welcome if additional space is needed.)

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15. 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?

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16. Please suggest reasonable accommodations. Each recommendation must be supported by the diagnosis. Please discuss the rationale for each suggested accommodation relating it to a specific functional limitation.

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17. What are some possible alternatives if meeting your primary recommendation cannot be met?

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

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

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20. Additional comments:

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**TREATMENT PROFESSIONAL INFORMATION (to be completed by the treatment professional)**

I verify that the student’s information listed above is correct, that the student is a patient/client that I have been treating, and that I am not a relative of the student.

Provider Name:	Date:
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Provider Signature:	
<hr/>	
Provider License Type:	State of Licensure:
Provider License Number:	
License Expiration Date:	
<hr/>	
Provider Address:	
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**COMPLETED FORMS**

Completed forms should be faxed to: 607-832-7593

Or mail to:

Access and Equity Services  
 454 Delhi Drive, Bush Hall 221  
 Delhi, NY 13753  
 Questions? Call: 607-746-4596