



## **Housing Accommodation Request Procedure**

Students may request accommodations in their residence halls by completing a Housing Accommodation Request Form, which includes documentation of a substantially limiting condition. When requesting on the basis of a medical condition, the form should be filled out by the appropriate treating physician. If the request pertains to a psychological or psychiatric diagnosis, the form should be completed by the student's treating psychiatrist, clinical psychologist, clinical social worker, or other mental health professional (herein "Treating Professional") qualified to make psychological or psychiatric diagnoses.

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.

Please note that the implementation of each housing accommodation is subject to room availability. A request for a housing accommodation does not guarantee a housing assignment on campus. Approved housing accommodations are in place for one academic year and must be renewed each year by the completion of this request form and by providing new documentation, if required.

All completed forms must be submitted to the Office of Accessibility Resources, Brother's College 119B. Forms may be faxed to 973-408-3768 or emailed to [disabilityserv@drew.edu](mailto:disabilityserv@drew.edu).

### **Request Process:**

1. Complete Part I
2. Provide Part II to your treating professional in accordance with the first paragraph above.
3. Both parts must be returned to the Office of Accessibility Resources by April 5, 2019 for returning students and July 15, 2019 for incoming students.

# Housing Accommodation Request Form

**Part I: Student to complete the following:**

Name: \_\_\_\_\_ Drew ID#: \_\_\_\_\_

Student Cellular #: \_\_\_\_\_

Drew Email: \_\_\_\_\_

Status:     Incoming Freshman     Transfer     Returning

Accommodation Request is for:     Fall     Spring     Summer    Year: \_\_\_\_\_

Please specify the medical condition or diagnosis for which you are seeking a housing accommodation.

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Please state the housing accommodation you are requesting and the reason for which you are requesting a housing accommodation.

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Have you had this accommodation at Drew University in the past? \_\_\_\_\_

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

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

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

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

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I, (student's name) \_\_\_\_\_, verify that the information provided above is true and reflects my current medical or psychological/psychiatric diagnosis. By signing below, I agree to allow information regarding my application to be shared with Health Services, Counseling and Psychological Services, Residence Life and Housing and on a "need to know basis" with other University offices.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Part II: Treating Professional Verification**

To consider this student's request for an accommodation in the residence halls due to a medical condition or psychological or psychiatric diagnosis, Drew University requires documentation from the treating professional thoroughly familiar with the student's medical condition/diagnosis and functional limitations.

Please provide diagnosis, diagnosis code and symptoms.

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Date of diagnosis: \_\_\_\_\_

Date of last office visit: \_\_\_\_\_

Is the student currently under your care? \_\_\_\_\_

How often do you see the student? \_\_\_\_\_

Please describe the desired housing accommodation and explain how the request is related to the impact of the medical condition/diagnosis.

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Please describe the type, severity, and frequency of symptoms currently experienced by the student and how the medical condition/diagnosis interferes with one or more major life activities.

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

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

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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.

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Is the request an integral component of a treatment plan for the medical condition/diagnosis? \_\_\_\_\_

Is there a negative health impact that may be permanent if the request is not met? \_\_\_\_\_

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

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

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Please indicate how this student may be a risk during an emergency evacuation.

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**THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID**

**Treating Professional's Information**

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

Title: \_\_\_\_\_

Specialty: \_\_\_\_\_

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

\_\_\_\_\_

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

License/Certification Number and State of License

\_\_\_\_\_

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

PLEASE MAIL, FAX or EMAIL COMPLETED FORM TO:

Drew University

Office of Accessibility Resources

36 Madison Avenue

Madison, New Jersey 07940

Office: (973) 408-3962

Fax: (973) 408-3768

Email: [dgiroux@drew.edu](mailto:dgiroux@drew.edu)