



Office of Health Services
 MacClosky Townhouse Commons
 515 Loudon Road
 Loudonville, NY 12211
 Telephone# 518-783-2554
 Fax# 518-783-2961

SPECIAL HOUSING ACCOMMODATION REQUEST DUE TO A DISABILITY

| | | |
|---------------|----------------------------|-------------------|
| Name | Current Housing Assignment | |
| Date of Birth | SID # | Cell Phone Number |

This Special Housing Accommodation Request Form is to be thoroughly completed and returned to Health Services. Incomplete forms will not be reviewed. The provider may also send a report that provides additional related information. The provider completing this form cannot be related to the student and must practice in the specialty area related to the condition identified.

Deadline to submit: Requests for Fall semester are due for **RETURNING** students by **February 1st** and **NEW** students are due by **June 30th**. **For all Spring semester students, requests are due by December 1st**.

The Office of Community Living will make every attempt to accommodate housing preferences in conjunction with an approved special housing accommodation. However, preferences may be limited based on room capacities in specific residence halls. Approved requests received after room assignments are issued may be delayed due to space availability.

For Physical Health Conditions: This Form is to Be Completed by a Licensed Physician or Medical Specialist

For Mental Health Related Conditions: This form is to Be Completed by a Licensed Psychiatrist, Psychologist, or other Licensed Mental Health Professional

Please respond to the following questions regarding the student named above:

1. Please indicate when you first started seeing the above-named patient for the impairment/condition described in this form:

2. As per the American with Disabilities Act, please indicate whether the student has a physical or mental impairment that substantially limits a major life activity.

a) What is the Physical or mental impairment?

b) What major life activity is substantially limited by the impairment?

c) How is the major life activity substantially limited by the impairment?

3. What is the severity of the condition?

4. How long is this condition likely to persist?

5. Describe the symptoms related to the student's condition, if any, that cause significant impairment in one or more major life activities and which would support the student's request for the accommodation being requested:

6. Please describe any elements of the student's current treatment plan (including any medications or special diet) that would implicate issues related to the College's residential program:

7. Based on the student's current medical condition, please indicate the specific accommodation(s) you recommend:

8. Please provide comment as to how the accommodations requested will allow the student to participate in the College's residential program, in light of their disability:

9. In your opinion, how important is it for the student's well being to have the accommodation being requested? (1 = not important, 5 = critically important).

10. Please explain the rationale for your response to the previous question:

11. What consequences, in terms of impairment-related symptomology, would in your opinion result if the College does not approve the requested accommodation?

Signature of Provider: _____ Date: _____

Address: _____

City: _____ State: _____ *Affix Office Stamp Below*

Telephone #: _____

Fax #: _____

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|-------------------------------|--------------------------|----------------------------|
| <u>OFFICE USE ONLY</u> | | |
| Request Review Date _____ | By: _____ | |
| Committee Review Date: _____ | Decision: Approved _____ | Denied _____ Pending _____ |
| Student Notified | Date: _____ | By: Portal Message _____ |
| Community Living Notified | Date: _____ | By: E-Mail _____ |
| Facilities Notified | Date: _____ | By: E-Mail _____ |