



Documentation for Housing Accommodation Request

To Be Filled out by Student:

Student name: _____ Date of Birth: _____

SHU ID: _____

The student has requested the following accommodation/modification (filled out by student):

(Remaining Pages -- To be completed by healthcare professional, who is NOT related to the student)

To be filled out by Provider:

Health Care Provider's Name: _____

Health Care Provider's credentials: _____

License or Certification Number: _____

Please note: Siena Heights University ensures equity for all students including equal access for students with disabilities. As a four-year residential 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-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.

Accommodations adjustments are made to facilitate equal access, they are not intended to ensure a preferred or desired environment. To establish a medical need for housing accommodation, unless the disability and the disability-related need for the accommodation is obvious and apparent, documentation of the disability is required.

The student named above, as part of their residential requirement at Siena Heights, is staying in a residential facility on Adrian campus. When it is not obvious that an individual is disabled or requires a requested accommodation/modification, the University needs to verify the same. We appreciate your cooperation in answering the questions on this form and returning it as directed at the end of the form.



Please answer the following questions (please attach additional pages if space is required):

Definition of “Disabled”

Under federal law (ADA), for the purposes of public accommodations, an individual is disabled if he/she has a physical or mental impairment that substantially limits one or more major life activities; has a record of such an impairment; or is regarded as having such an impairment.

The term physical or mental impairment includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech, and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, hearing disease, diabetes, Human Immunodeficiency Virus infection, intellectual or developmental disabilities, emotional illness, drug addiction, and alcoholism. This definition does not include any individual who is a drug addict and is currently using illegal drugs or an alcoholic who poses a direct threat to property or safety because of alcohol use.

The term major life activities means those activities that are of central importance to daily life, such as seeing, hearing, walking, breathing, performing manual tasks, caring for one’s self, learning and speaking.

Information Requested

- 1. Is the individual disabled as defined above? Yes No
 - a. Is the individual currently under your care? Yes No
- 2. Does the student require medical/therapeutic equipment? Yes No
If yes, please explain:

Julia Cassell Director of Accessibility jcassell@sienaheights.edu	Tel: 517-264-7651 Fax: 833-413-2849	Siena Heights University 1247 East Siena Heights Dr. Ledwidge Hall Adrian, MI 49221
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3. Would you or someone from your practice/organization be willing to discuss this matter with us if additional information or clarification is necessary? Yes No

Name and phone number of contact person:

4. Description of student's functional limitations or behavioral manifestations in a residence hall setting:

5. Describe any relevant side effects of prescription medications?

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

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7. If you are recommending a single room, please indicate whether and how there are any risks associated with isolation:

Documentation will be kept in a confidential file available only to the members of the housing accommodation committee, whose recommendations are based on whether the medical documentation meets the above guidelines. The committee may seek additional information or clarification from the provider as needed.

Signature of Health Care Provider: _____ **Date:** _____

Please include a business card or official letterhead with documentation Please return completed form to:

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