

Disability-Related Housing Accommodation Request

In order to evaluate how we can best meet your needs, we require specific information from both you and your examiner. In order to receive housing accommodations, you must complete and sign the first portion of this form, requesting an accommodation and giving Disability Support Services (DSS) permission to speak to your healthcare professional. Your healthcare professional must complete the rest of this form, sign it, and return the completed packet to the above address. Note: he/she may also fax the form and any additional information (see fax number above), or scan and email it to <mailto:dssoffice@udel.edu>.

Policies and Procedures

The learning environment and residential living are central to the University of Delaware student experience. Residence Life & Housing refers or forwards all medical, psychological or disability related requests for housing accommodations to the DSS Office. The information is kept confidential and is only used to evaluate accommodation requests. Each student's situation is evaluated individually.

In addition to the basic documentation about a medical condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating a request. You may also include additional health records or other evidence supporting your need for a housing accommodation.

Students requesting housing accommodations through the DSS Office must do so by the established deadlines set by Residence Life & Housing. Please visit the Residence Life and Housing website for more information.

Factors we consider when evaluating requests for housing accommodations:

- Is the impact of the condition life-threatening if the request is not met?
- Is the request an integral component of a treatment plan prescribed by a medical professional for the condition in question?
- Was the request made with the initial housing request by the deadline?
- Is space available to meet the student's need?
- Can space be adapted without creating a safety hazard?
- Are there other effective means that would achieve similar benefits as the requested accommodation?
- How does meeting the need impact housing commitments for other students?



Note: Housing Accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify, the student must have a current condition that substantially limits a major life activity, and the accommodation request must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations.

Student Section (Please print or type)

Housing Application Academic Year		Date		
Student ID	Date of Birth	Sex	Male	Female
Student Name				
Last	First	Middle		
Student Type	New Freshman	Returning	Transfer	
Current Campus Address (if applicable)				
Home Address – Street				
	City	State	Zip	
Phone Number	Email Address			
Accommodation Requested				

Authorization to Receive Information

I authorize the University of Delaware, DSS Office, to receive information from the professional who fills out this Housing Accommodation Request form, and for him/her to discuss my condition(s) with the DSS Office if necessary.

Student Signature Date



Medical Professional Section

This section is to be completed by the student's healthcare provider.

Student Name

History of presenting problem and current medical condition/diagnosis

Expected duration of the condition Temporary Permanent Stable Progressive

Describe the symptoms related to the medical condition that cause significant impairment to a major life activity (i.e. walking, breathing, sleeping, seeing, hearing, learning, socializing). Please relate it to accommodations requested.

List the current medication(s) the student has been prescribed and any adverse side effects.

Are there any other factors that contribute to this student's need for the requested accommodation?



Please indicate below your recommendations regarding housing accommodations for this student. Please note that the accommodations marked with an asterisk (*) are extremely limited and will only be considered for students meeting ADA criteria. Housing accommodations are based upon the student's functional limitations and level of need.

- | | | |
|-----------------------------------|--------------------|-----------------------|
| Air condition available | Single room | Semi private bath |
| No extended housing (not tripled) | Close to bathrooms | Wheelchair accessible |
| Strobe light emergency alerts | | |
| Other | | |

Further Explanation for any of the above

Please attach any additional documentation that might be helpful (e.g. medical file notes, test results, etc.)

Name of Professional (Please print or type)

Signature of Professional

Date

License No.

State

Phone

Address – Street

City

State

Zip

Email Address