

Housing Accommodation Request-Provider Form

Please complete the following form and return to Campus Accessibility Services.

To be completed by student:

Student's Name: _____ Student ID: _____

Address: _____

Email: _____ Cell Phone: _____ Other Phone: _____

_____ has requested housing accommodations for a medical, psychological, or disability related condition. In order to accurately and equitably evaluate this request, Campus Accessibility Services at Plymouth State University requires documentation from an appropriate licensed professional (not a relative of the student). This documentation must explain the nature of the condition, the functional limitations, and why the condition results in a request for housing accommodations. Please complete the form below.

To be completed by treating licensed provider:

The Fair Housing Act defines disability as a physical or mental impairment that substantially limits one or more major life activities. Under this definition, an impairment is a disability if it substantially limits the ability of the person to perform a major life activity such as walking, talking, hearing, seeing, breathing, etc. The definition also considers any mitigating measures such as, medications, treatments, and/or therapies in which the person is employing that may relieve the substantial limitations. If the mitigating measure(s) eliminates the substantial limitations caused by the impairment, the person does not have a disability.

Name: _____ Position/Credentials: _____

Phone: _____ Address: _____

Email: _____ Fax: _____

1. Student's diagnosis(es): _____

2. Date of diagnosis: _____ Last Evaluation: _____



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3. How long has the student been under your care for this diagnosis? _____
 4. Is the student currently receiving treatment for this diagnosis? (circle one) Yes No
 5. Describe the expected duration, stability, or progression of the condition: _____
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6. Please indicate the major life activities that are impacted by the diagnosis/diagnoses:

Life Activity	Unknown/ Not Applicable	Mild	Moderate	Severe
Mobility				
Social Interactions				
Communicating				
Hearing				
Stress Management				
Seeing				
Eating				
Sleeping				
Self-care				
Respiratory				
Other (please specify)				



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Please address how this student may be impacted by their disability in the following areas:

Living in a residence hall provides **safety**.

1. Does the student have a severely compromised immune system or severe, life-threatening allergies?
 Yes
 No

If yes, please explain.

Living in a residence hall provides **convenience**.

2. Does the student have a mobility disability or limiting condition requiring consideration of proximity on campus (ex. distance to classes, restroom or other facilities)?
 Yes
 No

If yes, please explain.

Living in a residence hall should include **dignity**. (without embarrassment by circumstances).

3. Does the student require considerations related to dignity?
 Yes
 No

If yes, please explain.



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Living in a residence hall provides an opportunity to experience **community living**.

4. If you are recommending a **single room**, these questions must be answered:
- Does the student demonstrate the inability to share a living space? If so, please explain why.
 - What significant impact to major life activities would be mitigated by having a single room (in comparison to a double room)?
 - Can the student's needs be met through alternative considerations (e.g., change of roommate/ability to choose roommate/double room)? If not, please explain why.
 - How will the student manage their symptoms in other campus settings (i.e., classrooms, dining halls, library, etc.)?

Living in a residence hall provides access to a university **meal plan**.

5. Does the student have severe, life-threatening allergies or intolerances to be considered?
- Yes
- No

If yes, please explain.



Campus
Accessibility
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Living in a residence hall provides an opportunity for **options** in selecting the type of room to live in.

6. Does the student have a documented disability limiting them from one or more options of housing available?

- Yes
- No

If yes, please explain.

OTHER: Feel free to share any additional information to be considered if relevant to disability.

Provider Signature: _____ Date: _____