



## REQUEST FOR SPECIAL HOUSING ACCOMMODATION

Requests for special housing accommodations are evaluated carefully. To proceed with the evaluation process, a completed *Request for Special Housing Accommodations* packet must be submitted to the Specialized Resource Center Director no later than date shown in the *Documentation* section.

### **This packet includes:**

1. Documentation of the condition or need that is the basis of the request (Health Care Provider Form attached).
2. A clear description of what type of housing configuration option is being requested (such as suite, double, etc).
3. An explanation of how the request relates to the impact of the condition from the health care provider.
4. Possible alternatives if the recommended assignment is not possible.

**There are two forms which must be completed:** HEALTH CARE FORM FOR STUDENTS REQUESTING SPECIAL HOUSING ACCOMMODATION which must be completed and submitted by the deadline; and HEALTH CARE PROVIDER FORM

### **DOCUMENTATION**

To accurately and fairly evaluate requests for housing options based on disability needs, Manhattan College will need documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request. This documentation will serve as supplement to previously submitted Health Care Forms and gives the involved parties at Manhattan College permission to discuss your specific needs with medical/psychological professionals.

### **Documentation Guidelines**

1. A diagnostic statement including the date of the most recent evaluation.
2. The current impact or limitations imposed by the condition.
3. Medications, treatments, devices, or services currently prescribed or used to minimize the impact of the condition.
4. The expected duration of the condition.
5. The credentials of the diagnosing professional.
6. Recommendations from the professional about the housing configuration or dining option, and a statement of the level of need for (or consequences of not receiving) the recommendation.

To receive full consideration of your request, **please submit documentation according to the following deadlines:**

#### **Continuing Students:**

March 1 for following fall semester

November 15 for following spring semester

#### **New Students:**

June 1 for upcoming fall semester

November 15 for upcoming spring semester

Any requests received after the dates listed above or during the course of a semester will be given consideration, but it must be acknowledged that accommodation is difficult in the middle of an academic year. Any refunds due may be pro-rated to the date of receipt of documentation.

**\*\* Please note that, while your preferences will be considered, specific areas and types of rooms are not guaranteed.**



## HEALTH CARE FORM FOR STUDENTS REQUESTING SPECIAL HOUSING ACCOMMODATION

**Student Completes this Form** (Please print or type)

|                   |            |    |     |                  |
|-------------------|------------|----|-----|------------------|
| Student Last Name | First Name | MI | ID# | Sex Male/ Female |
|-------------------|------------|----|-----|------------------|

|               |  |                      |
|---------------|--|----------------------|
| Date of Birth | Date of First Semester Enrolled at Manhattan College | Current Class Status |
|---------------|--|----------------------|

|              |        |            |      |       |     |
|--------------|--------|------------|------|-------|-----|
| Home Address | Street | Apt/PO Box | City | State | Zip |
|--------------|--------|------------|------|-------|-----|

|            |             |
|------------|-------------|
| Home Phone | Local Phone |
|------------|-------------|

|   |        |            |      |       |     |
|---|--------|------------|------|-------|-----|
| Local Address (If different than above) | Street | Apt/PO Box | City | State | Zip |
|---|--------|------------|------|-------|-----|

**Please answer the following questions (Attach additional sheets as needed):**

What specific type of housing option do you require?

Explain how the stated request above relates to your condition.

Are there possible alternatives if the recommended assignment option is not possible?

**Authorization to Receive Information:** I authorize the director of the Specialized Resource Center, the director of the Counseling Center and Health Services and the Director of Residence Life to receive information from the provider below, specific to this request. I also authorize my provider to discuss my condition(s) with the appropriate Manhattan College representative or his/her designee.

|               |                |
|---------------|----------------|
| Provider Name | Provider Phone |
|---------------|----------------|

|                  |        |            |      |       |     |
|------------------|--------|------------|------|-------|-----|
| Provider Address | Street | Apt/PO Box | City | State | Zip |
|------------------|--------|------------|------|-------|-----|

|   |      |
|---|------|
| Student Signature (Parent Signature, if Student under 18) | Date |
|---|------|



## HEALTH CARE PROVIDER FORM

**Health Care Provider Completes this Form** (Please print or type)

Student Last Name

First Name

MI

Manhattan College provides accommodations and support services to students diagnosed with disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the diagnosing physical or mental health care provider (the provider completing this form cannot be a relative of the student). Items 1 through 6 must be completed in full. If space provided is not adequate, please attach additional sheets. The provider may also attach a report providing additional related information.

1) List the student's medical condition/diagnosis.

a) How long has the student had this condition?

b) What is the severity of the condition?

c) How long is this condition likely to persist?

2) Describe the symptoms related to the student's condition that caused significant impairment in a major life activity.

3) List the student's current medication(s), dosage, frequency and possible adverse side effects.

4) Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes/No  
If yes, please describe.

Does the student have a disability, as defined in the first paragraph, as a result of this condition? Yes /No  
If yes, please state the specific recommendations regarding housing and dining accommodations and a rationale as to why these accommodations are warranted based on the student's functional limitations. Indicate why the housing accommodations you recommend are necessary.

5) If current treatment (e.g. medications) is successful, why are the above accommodations necessary?

Please attach any additional information you may feel helpful to us in assisting the student.

Signature of provider

Date

Name/Title (Please print)

License #

State

Address

City

State

Zip

Phone

Fax