

Policy Number: 04.023

Policy Title: Disability Related Housing Accommodation Policy and Request Form

Policy Type: Student

Responsible Party: Center for Academic Support Services

Governing Bodies: Academic Affairs Administration Team and Senior Leadership Team

Adoption Date: Fall 2015

Effective Date: Fall 2015

Disability Related Housing Accommodation Policy and Request Form

Disability-Related Housing Accommodation Request

The learning environment and residential living are central to the Antioch College student experience. Residence Life refers or forwards all medical or disability related requests for housing accommodations to the Center for Academic Support Services (CASS). The information is kept confidential and is only used to evaluate accommodation requests. Each student's situation is evaluated individually. In order to evaluate how we can best meet the student's needs, CASS requires specific information from both the student and their healthcare professional.

Submission of Requests

Students requesting housing accommodations through CASS must do so by the established deadlines set by Residence Life. This means that you must be completely finished with this process and approved through CASS prior to the deadlines set by Residence Life. Please see the *Documentation Guidelines* as well as the *Accommodation Guidelines* for more information. Please visit the Residence Life website for more information on the required deadlines: <http://www.antiochcollege.org/campus-life/residence-life/student-forms>.

In order to request housing accommodations:

- Students must complete and sign the first portion of this form, requesting an accommodation and giving CASS permission to contact their healthcare professional.
- Student's healthcare professional must complete the second part of this form, sign it, and return the completed packed to the CASS at the address listed above.
 - *Note:* Your healthcare professional may also scan and email the form to eharveyspain@antiochcollege.org, but it must be submitted by the provider or their office.
- In addition to the basic documentation about a disability or medical condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating your request. You may also include additional health records or other evidence supporting your need for a housing accommodation.
- Students must request a meeting with CASS once their documentation has been submitted.
- Students meet with CASS to review documentation and determine appropriate accommodations.
- Once approved, students must submit their accommodations letter (VISA) to Residence Life prior to the housing deadline.

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?

- 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?
- Was the request made with the initial housing request by the deadline?

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 requests must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations.

Student Section (please print or type)

Date completed _____ Housing Application Academic Year _____

Antioch Student ID _____ Date of Birth _____

Student Name (Last, First, Middle) _____

Current Campus Address (if applicable) _____

Permanent Address _____

Phone Number _____ Antioch email _____@antiochcollege.org

Current Gender Pronouns _____

Anticipated Graduation Year _____

Accommodations requested:

Authorization to Receive Information

I authorize the Center for Academic Support Services at Antioch College, to receive information from the professional who fills out this Housing Accommodation Request form, and for the health care professional to discuss my condition(s) with the Center for Academic Support Services, if necessary.

Student Signature _____ Date _____

Medical Professional Section

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

Student's Full Name: _____

History of presenting problem and **current medical diagnosis and condition:**

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, seeing, hearing, learning, socializing, sleeping). Please relate it to accommodations requested.

What side effects of medication should we know about?

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 discuss how the medically necessary accommodation meets the need/ relates to the symptomology. Note that housing accommodations are 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.

- Examples of accommodations could include: emergency strobe light, wheelchair accessibility, kitchen access, automatic door opener, single room, etc.

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

Printed name of professional _____

Signature of professional _____

Date _____

License Number _____ State _____

Complete address

Phone number _____

Email _____