

DISABILITY HOUSING PROCEDURES FORM
University of Delaware

The University of Delaware strives to provide a housing assignment to meet your needs. A variety of housing options already exist to accommodate you so please make your housing decisions carefully. We understand that there are exceptions and circumstances where particular requests and accommodations need to be considered, and they are evaluated carefully. To evaluate requests for housing based upon medical, psychological, or disability needs accurately and equitably, we require documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request.

DOCUMENTATION: Medical information is confidential and is shared on a need-to-know basis. It is kept in the ADA Office.

Access the required form here:

Housing Documentation Form

For returning students with **The Housing Documentation Form** on file please contact the ADA Office at 831-4643 or adaoffice@udel.edu, a new form may or may not be necessary.

Please note: While your request will be considered, specific areas and types of rooms are not guaranteed. The room assignment is for the student with the documented disability only; requested roommates may or may not be accommodated with you.

Send the form to: Americans with Disabilities Act Office (ADA)
ADA Coordinator
413 Academy Street
Newark, DE 19716
adaoffice@udel.edu
Telephone: 302-831-4643, Fax: 302-831-3261

Housing Documentation Form Deadlines – please contact housing

Information: Medical conditions that do not qualify as a disability under the ADA are considered on a space available basis. (See the ADA Website, www.udel.edu/ADA for information).

Example: Requests for air conditioning due to allergies or asthma, (which are usually not ADA disabilities), are considered as space is available in dormitories with existing air conditioning systems, you may **not** bring your own A/C unit. Some dorms have seasonal A/C and others have year around A/C systems. See the Housing Website www.udel.edu/HAS for a list of items you are allowed to bring. If you are in a special program, (Honors, Life Program), and your need is not available where the program is housed, exceptions are possible to live in other dorms where you can be accommodated. In cases of ADA necessity, the University may install an A/C unit in rooms housing special programs.

Please also see the Disability Housing Policies and Procedures information on the ADA website.

HOUSING DOCUMENTATION FORM

Americans with Disabilities Act Office (ADA)
University of Delaware 413 Academy St Room165
Newark, DE 19716
Phone: (302) 831-4643 Fax 3261 TDD: 4563
adaoffice@udel.edu

Housing Requests due to Medical, Psychological or Disability Reasons.

Specific information is required from you and an appropriate professional. Print this form, complete the section below and give to your physician or medical provider. An authorization to release information is included and must be signed. Your health care provider must complete the rest of this form, sign it, and return the completed form to the above address by the housing deadline.

STUDENT SECTION: (Please print or type)

DATE: _____ STUDENT ID#: _____

Name: _____
Last First, Middle

Date of Birth: _____ Male _____ Female _____

New freshman: _____ Returning Student: _____ Transfer Student: _____

Current campus address: (if applicable) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-Mail Address: _____

Authorization to receive information

I authorize the University of Delaware, ADA Office, to receive information from the Professional who fills out the Housing Documentation Form, and for him/her to discuss my condition(s) with the ADA Office if necessary.

Student Signature: _____ **Date:** _____

NOTE:

Housing accommodations are provided on a case-by-case basis due to documented disabilities and medical conditions. To qualify as an ADA disability the student must have a current condition that substantially limits a major life activity, and the accommodation must be necessary and reasonable. **A diagnosis in and of its-self does not** automatically qualify for accommodations. To receive special housing consideration for medical conditions not covered by the ADA, this form should be filled out but the accommodation can't be guaranteed.

MEDICAL PROFESSIONAL SECTION

Please answer the following questions: _____
Print or Type **Student's Name**

1. What is the current medical condition/diagnosis? _____

Please check: Mild _____ Moderate _____ Severe _____

2. Expected duration of condition: Temporary _____ Permanent _____ Stable _____
Progressive _____

3. 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, etc.). Please relate to the housing request.

4. Do these symptoms significantly limit the students functionality? Yes _____ No _____

5. List current medication(s) and adverse side effects.

6. Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes _____ No _____

If yes, please describe. _____

7. If medication treatment is successful, why are accommodations necessary?

8. Please check below specific recommendations regarding housing accommodations for this student. * Please note that these accommodations 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.

* Year around A/C _____ seasonal A/C _____ Single room _____

No extended housing _____ *centrally located _____ Close to dining _____

*Kitchen _____ Close to bathroom _____ *Wheelchair accessible _____

*In room private bath _____ Limited stair climbing _____, how many floors? _____

Further explanation for any of the above:

Name of Professional Printed

Signature of Professional

Date

License # _____

Phone # _____

Fax # _____

Address:
