



HOUSING REQUESTS DUE TO MEDICAL, PSYCHOLOGICAL, OR DISABILITY REASONS

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 special needs housing, you must complete this form. You must also fill out and sign the Authorization to Receive Health Care Information below. This gives us permission to speak with your examiner if we have questions regarding his/her recommendation for accommodations. Your healthcare provider must complete the rest of this form, sign it, and return the completed packet to the above address.

Disability Housing Policies and Procedures

The learning environment and residential living are central to the University of Delaware experience. Housing Assignment Services refers or forwards all medical, psychological or disability related requests for special housing to the Americans with Disabilities Act (DSS) Office. This information is kept confidential and is used to evaluate requests while evaluating each individual situation. To aid this process, requests should include:

- This completed Housing Documentation Form
- Any other relevant information you feel is necessary

In addition to the basic documentation about a medical condition, further recommendations from the Professional are welcome and will be given consideration in evaluating a request. Documentation usually must be updated annually unless the condition is such that it does not change. Please contact the DSS Office if you feel this applies to your situation.

Students requesting housing accommodations through the DSS Office must do so in addition to following all regular housing procedures by the established deadlines.

Requests to break housing contracts due to a medical, psychological, or disability need to follow established procedures at Housing Assignment Services and provide documentation to the DSS Office. The documentation for release must include reasoning why moving the student to a different location on campus is not feasible, and the only accommodation is to move home or off campus.

Factors we consider when evaluating special housing requests:

- 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?
- Was the request made as soon as possible after identifying the need (if not known by the housing deadlines)?
- 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 due to documented disabilities and medical conditions. To qualify as an American with Disabilities Act (ADA) covered 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 itself, does not automatically qualify for accommodations. To receive special housing consideration for medical conditions not covered by the ADA, this form must be completed, but accommodations are not guaranteed.

STUDENT SECTION (Please print or type)

Housing Application Academic Year: _____ Date: _____

Student ID: _____

Student Name (last, first, middle): _____

Date of Birth: _____ Male _____ Female _____

New Freshman _____ Returning Student _____ Transfer Student _____

Current Campus Address (if applicable) _____

Home Address: _____

Phone Number: _____

Email Address: _____

AUTHORIZATION TO RECEIVE INFORMATION

I authorize the University of Delaware DSS 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 DSS Office if necessary.

Student Signature: _____ Date: _____

MEDICAL PROFESSIONAL SECTION

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

Student's Name: _____

Current medical condition/diagnosis:

Please check: Mild _____ Moderate _____ Severe _____

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 housing accommodations requested:

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

Are there significant limitations to the student's functioning directly related to the prescribed medications?

Yes _____ No _____

If yes, please describe.

If medication treatments are successful, why are the accommodations necessary?

Please check below specific 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.

Year round Air Conditioning* _____ 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 (please print): _____

Signature of Professional:

_____ Date: _____

License #: _____ State: _____

Address:

Phone: _____ Fax: _____