UNIVERSITY OF DELAWARE | DSS Office
OFFICE OF DISABILITY SUPPORT SERVICES

240 Academy Street
Alison Hall, Suite 130
Newark, DE 19716
Phone: 302-831-4643
Fax: 302-831-3261
TDD: 302-831-4563
Email: dssoffice@udel.edu

Disability-Related Housing Accommodation Request - Medical Professional Form

The University of Delaware strives to meet the needs of students with disabilities. Housing accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. Students with disabilities can request housing accommodations through the process administered by the Office of Disability Support Services (DSS). To qualify, the student must have a current physical or mental impairment (including temporary injuries) that substantially limits one or more major life activities. Accommodation requests must be necessary and reasonable.

Policies and Procedures

The learning environment and residential living are central to the University of Delaware student experience. The DSS Office processes all disability-related housing accommodation requests. The information is kept confidential and is only used to evaluate accommodation requests. Accommodation recommendations are then shared with Residence Life and Housing. Note that housing accommodations do not include requests to live with a particular roommate or in a particular location. Requests for dining-related accommodations must go through the University Dietitian in Dining Services (udel.mydininghub.com).

To evaluate a student's request for housing accommodations:

- The student must complete and sign the online Housing Accommodation Request Form to request an accommodation and give DSS permission to speak to their healthcare professional.
- The student's healthcare professional must then complete this form, sign it, and return the completed form via mail, fax, or email using the contact information listed above. In addition to the basic documentation about medical conditions, further recommendations from the healthcare professionals are welcomed and will be given consideration in evaluating a request. Students may also submit additional health records or other evidence supporting the request for housing accommodations beyond what the healthcare professional provides.

All paperwork and supporting documentation must be submitted to the DSS Office by the deadlines set by Residence Life & Housing. Students must also complete a housing application (separate from this housing accommodation form) through Residence Life & Housing for the respective term by the established deadline. Visit the Residence Life and Housing website at udel.edu/students/reslife or contact their office directly for more information about the housing application process.

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?
- Was the request made by the respective housing deadline?
- Is space available to meet the needs? Can space be adapted without creating a safety hazard?
- Are there other effective means that would achieve similar benefits?
- How does meeting the need impact housing commitments for other students?

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Disability-Related Housing Accommodation Request - Medical Professional Form

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

Student Name _____ **Student Date of Birth** _____

History of presenting problem and current medical condition/diagnosis

Date of diagnosis OR most recent evaluation date _____

Expected duration of condition Permanent/Chronic ☐ Temporary ☐

Status of Condition Stable ☐ Progressive ☐

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

Describe the symptoms related to the medical condition and how they cause significant impairment to a major life activity (i.e., walking, breathing, sleeping, seeing, hearing, learning, socializing).

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Disability-Related Housing Accommodation Request - Medical Professional Form

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

Please indicate below your recommendations regarding housing accommodations for this student. Recommendations must be medically relevant.

Air Conditioning ☐ Single Room ☐ Semi-Private Bath ☐ OR Close to Bathroom ☐

Double Room ☐ Wheelchair Accessible ☐

Strobe Light Emergency Alerts ☐ Other

For each accommodation checked, explain how the accommodation mitigates the student's functional limitations.

Are there any other factors that contribute to this student's need for the requested accommodation?

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

Name of Professional (Please print or type) _____

Signature of Professional _____ Date _____

License No. _____ State _____

Address Street _____

City _____ State _____ Zip _____

Email Address _____ Phone _____