Housing Accommodation Request Form for Students with Disabilities

Students with disabilities that require a specific type of housing assignment to ensure equal access to the housing program may request a housing accommodation through Disability Support Services (DSS). Housing accommodation requests are reviewed by committee. For qualified students with documented disabilities whose requests are approved by the committee, DSS recommends housing accommodations to the Office of Housing and Residence Life. Housing placements are prioritized based on documented need. When possible, the preferences of the students are considered. Please note that late requests will be accepted. However, it is not guaranteed that late requests – even if approved – will be able to be accommodated based upon availability.

Directions to Students:

• Complete Part I
• Sign the Consent for Release of Information in Part I and Part II
• Provide Part II to your disability evaluator or physician
• Both parts must be returned to DSS by March 6, 2020 for current students, and May 1, 2020 for new incoming students.
• Please note: housing deposits and housing applications through the Department of Housing and Residence Life and must be received by the deadline in order for accommodation requests to be considered.

Part I: Student to complete the following:

Name (please print clearly):

SHU ID#:

Student Cellular #:

SHU Email:

Status/Campus: □ Incoming Freshman □ Transfer □ Returning

Accommodation Request is for: □ Fall □ Spring □ Summer  Year: __________________________

1. State the disability for which you are requesting a housing accommodation:

__________________________________________________________________________________

2. Please explain the housing accommodation(s) you are requesting.

__________________________________________________________________________________

__________________________________________________________________________________
3. Have you had this accommodation at Seton Hall University in the past? ____________________________

4. Please describe how this accommodation will reduce the impact of your disability in the residence halls.
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

5. Do you require the use of an elevator? __________ Yes _______ No

6. Can you go up/down stairs? _______ Yes _______ No

7. Will you require assistance in an emergency evacuation? ____ Yes _______ No

8. Will you require audio or visual alarms for emergency egress in your individual room? (Please note that audio/visual alarms are standard in the common areas of the residence halls.) ____________ Yes _______ No

9. Please add any other information you feel is important for us to consider in reviewing your request.
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________
   _______________________________________________________________________________________

10. Would you like Disability Support Services to contact you regarding disability related academic accommodations or support services? Yes______ No_______

Student Signature: ______________________________________________________________________  Date: __________________________

Consent for Release of Information (to be completed by student):

I authorize____________________ (physician or evaluator’s name) to disclose the information requested by this form to the office of Disability Support Services at Seton Hall University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a “need to know basis” with other university offices.

Student Signature: ___________________________ Date: ___________
Part II: Physician or Disability Evaluator Verification

Accommodations are only available to students identified as having a disability. A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.” Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

1. Based on this definition does the individual have a disability? _______Yes ______ No
   Date of original diagnosis: _____________ Date of most recent evaluation: ________________
   Is the student currently under your care? _______Yes ______ No

2. State the student’s disability diagnosis, including diagnostic code.

3. Describe the student’s functional limitations or behavioral manifestations caused by the condition. Please describe the type, severity, and frequency of symptoms related to this disability? What do you foresee as the impact living in a college residential hall setting?

4. What is the expected duration, stability, or progression of the disability?
5. Please describe current treatments, prosthetic devices, and or medications prescribed.

6. Is the disability mediated or controlled by medications, other treatments, or external prosthetics?  Yes  No

   Please explain: ..................................................................................................................

7. Is this request medically necessary, or recommended to enhance the comfort and convenience of the student? If medically necessary, please explain how the accommodation relates to the impact of the condition.

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9. Is the impact of the condition life threatening if the request is not met?  Yes  No

10. Is there a negative health impact that may be permanent if the request is not met?  Yes  No

11. Is the request an integral component of a treatment plan for the condition in question?  Yes  No

12. What is the likely impact on academic performance if the request is not met?

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13. What is the likely impact on social development if the request is not met?

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14. What is the likely impact on the student’s level of comfort if the request is not met?

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THIS SECTION MUST BE COMPLETE FOR FORM TO BE VALID

Physician or disability evaluator INFORMATION (Please Print)

Name: ____________________________________________
Title: __________________________ Specialty: __________________________
Office Address: __________________________________________
Phone: __________________________
License/Certification Number and State of License __________________________________________
How long have you treated this patient? __________________________
Date of most recent office visit? __________________________
May we contact you if we have questions about this student’s accommodation request? _____Yes _____No

Signature: __________________________ Date: ____________

PLEASE MAIL, FAX or EMAIL COMPLETED FORM TO:
Disability Support Services
Seton Hall University
400 South Orange Avenue, South Orange, NJ 07079
(973) 313-6003 (p), (973) 761-9185 (f)
dss@shu.edu