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 a committee each Spring. For qualified students with documented disabilities whose requests are approved by the committee, DSS determines housing accommodations in consultations with the Office of Housing and Residence Life. Housing placements are prioritized based on a student’s disability diagnosis, impact of disability on living situation, and the available housing options on-campus. When possible, the preferences of the students are considered. Please note that late requests will be accepted, however, it is not guaranteed that requests received after the deadline- even if supported by documentation- can be met. Late requests can ONLY be accommodated based upon availability.

HRL opens housing the lottery for returning students once the DSS placements are determined through this process and any post-placement requests would require another student to withdraw from housing for additional openings to come available, so these requests will go on a waiting list pending new openings. The same process exists for new incoming first year students in later Spring, however there is no housing lottery. All housing placements are made by HRL for first year students and post-placement requests will only be able to be accommodated based on available spaces on campus and if no room meets a student’s documented need, then they will have to go on a waiting list pending any housing withdrawals that will allow new spaces to open up.

Directions to Students: All students applying for housing accommodations must first be registered with DSS. If you are not already registered with DSS, the first step is to contact DSS either via email at dss@shu.edu or call 973-313-6003 to begin the registration process.

• 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 11, 2022 for current students, and May 1, 2022 for new incoming students.
• Please note: housing deposits and housing applications through the Department of Housing and Residence Life must be received by their deadline in order for accommodation requests to be considered.

Part I: Student to complete the following: All questions are required.
Incomplete forms will be returned to students to fill out and resubmit.

Name (please print clearly or type): __________________________________________________________

SHU ID#: __________________________________________________________

Student Cellular #: __________________________________________________________

SHU Email: __________________________________________________________

Status/Campus: □ Incoming Freshman □ Transfer □ Returning
Accommodation Request is for:  □ Fall  □ Spring  □ Summer  Year: ____________________________

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

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

2. Please mark and explain any housing accommodation(s) you selected that are related to your disability. Please be very specific. You may select more than one option such as marking both a double room and a room on a lower floor. The committee will not be able to accommodate post-placement changes such as a room on a lower floor if you do not select it during the initial review of your request. If your request is not supported by your documentation, disability, or is not a room combination that we have in our housing inventory DSS will work with you to meet as many of your documented needs as possible.

___ Semi-private bathroom  ___ Private bathroom  ___ Communal bathroom  ___ Single room  ___ Double room
___ Room within a Suite  ___ Strobe light fire alarm  ___ Bed-shaker fire alarm  ___ Service animal
___ Room on a lower floor (no stairs)  ___ Wheelchair Accessible Room
___ Emotional support animal (requires signature of ESA Policy & Addendum application for review)
___ Other needs than listed: ________________________________________________________________

Explanation of selected accommodations indicated above as related to your disability:

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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 walk up/down stairs? ______ Yes _________ No

7. Will you require assistance in an emergency evacuation? _____ Yes* _________ No

*If yes, please specify type of assistance needed and DSS will put you on a life safety list to share with Public Safety, HRL staff and the residence hall staff (RA’s, RC’s and AC’s):

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

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.

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Student Signature: ____________________________________________ Date: ____________________

Please sign below and submit the forms to your physician or treating clinician to fill out pages 3-6. All pages must be completed and submitted to dss@shu.edu or via fax 973-761-9185.

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: ________________
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.

Please type answers or write clearly. Forms with illegible handwriting will be returned to student to resubmit.

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 student’s 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.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

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? _______________________
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

13. What is the likely impact on social development, if any, if the request is not met? _______________________
   __________________________________________________________
   __________________________________________________________
14. What is the likely impact on the student’s level of comfort if the request is not met?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

THIS SECTION MUST BE COMPLETED 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