

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: _____

Student Name: _____

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.

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 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 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