Process Overview

The Housing Accommodation Request Form is intended for students who are requesting reasonable accommodation due to disability or diagnosed medical/psychological condition. Information provided on this form is protected by FERPA and therefore is shared on a need-to-know basis only.

Kitchen access: Housing accommodations may include a key to the Moore House kitchen or assignment in an apartment. The Housing Accommodation Committee may consider the student’s graduation year, severity of medical condition, and space availability when making this determination.

Roommate requests: If applicable, students who have an on-campus housing accommodation may request up to one roommate. The requested roommate must be in the same or earlier graduation year as the student with the accommodation. In other words, a student with a housing accommodation cannot request multiple students as roommates and a junior with an accommodation may not request a first-year student. Such requests would create a fundamental alteration to the housing selection process.

Submitted forms are reviewed by the Office of Accessibility Services, which may seek input from Residence Life, Student Health and Counseling, Dining Services, Environmental Health & Safety, or other departments to identify ways in which the University can reasonably accommodate a student. Requests are reviewed based on a number of factors, including but not limited to, the severity of the student’s disabling condition, the severity of impacted major life functions, medical necessity of an accommodation, and the University’s ability to provide a reasonable accommodation.

Requests for follow-up information and decisions will be sent to the student’s Clarkson email. The University will communicate directly with the student requesting the accommodation and, as needed, the provider. The office does not communicate with other students, family, or friends of the student requesting the accommodation. If a student needs assistance understanding the reasonable accommodation process, they may request an individual to be present during any meetings or phone calls, but all communication is directly between the Office of Accessibility Services and the student making the request.

Completing the Housing Accommodation Request Form

Section 1: Completed by the student requesting medical accommodation. The student shows this completed portion to their provider when requesting they complete Section 2.

Section 2: Completed by a licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician’s assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship with the student, have provided treatment for the condition, and be an impartial individual who is not a family member of the student.

Submitting completed forms: The student shall submit both Section 1 and Section 2 through the OAS Intake Form on myCU. Questions about how to access the intake form should be addressed to oas@clarkson.edu or 315-268-7643.

Deadlines

Current students: Forms must be submitted by March 1 for the fall semester. After this date and for the spring semester, completed forms are accepted but space may be limited or unavailable. An accommodation would be provided when space becomes available. All students must renew their request on an annual basis, regardless of their housing accommodation type.

Incoming students: Forms must be submitted by June 15 for the fall semester and December 1 for the spring semester. After these dates, completed forms will be accepted but space may be limited or unavailable. An accommodation would be provided when space becomes available.
Section 1: Completed by Student

First and Last Name: ___________________________        Student ID: ___________________________
Email: ___________________________@clarkson.edu        Graduation Year: 20___________

Semester to begin reasonable accommodation, if approved:   □ Fall 20___________     □ Spring 20___________

Type of request: □ New; temporary condition         □ New; ongoing or permanent condition
□ Annual renewal of pre-existing accommodation (Section 2 not required)

Briefly describe the disabling condition/diagnosis for which you are requesting reasonable accommodation.

____________________________________________________________________

What major life functions are impacted by the related condition in your daily life?

____________________________________________________________________

How are these major life functions affecting you in a residential setting and/or your living environment?

____________________________________________________________________

What specific environmental factors exacerbate the related condition?

____________________________________________________________________

Please select the requested reasonable accommodation(s). Note: This does not indicate approval or availability.

□ Elevator access          □ Single bedroom
□ First floor room         □ Visual fire alarm strobe in bedroom
□ Kitchen access          □ Wheelchair accessible
□ Near academic buildings □ Other: ____________________________
□ Private or semi-private bathroom access

Roommate Request (considered for on-campus accommodations, not guaranteed): ____________________________

Residence Hall Building/Area Request (considered based on cohort, not guaranteed): ____________________________

I understand that once this form is submitted, the form and relevant medical documentation included in my request will be reviewed by members of the Housing Accommodation Committee. I understand that this information will only be used in evaluating my request and if applicable, planning for my accommodation. The statements and documentation in my application are accurate as I know them. I understand that intentionally providing false information would constitute a violation of the Code of Student Conduct and will result in disciplinary action.

____________________________________________________________________

Student Signature          Date

Office of Accessibility Services | Price Hall 1001 | (315) 268-7643 | oas@clarkson.edu
Section 2: Completed by Licensed Diagnostician or Clinician

The student is applying for a reasonable accommodation at Clarkson University due to a disability and/or diagnosed medical/psychological condition. In order for the University to establish whether this student qualifies for such accommodation, we need your assessment and diagnosis of the student in addition to their completion of Section 1.

This form must be completed by an appropriate licensed diagnostician or qualified clinician (e.g. primary physician, nurse practitioner, physician’s assistant, licensed mental health professional, etc.). The diagnostician must have an established patient relationship, have provided treatment for the condition, and be an impartial individual who is not a family member. This completed form can be returned via email at oas@clarkson.edu or fax ATTN: OAS at (315)268-6643.

Patient/Student Name: ___________________________ Date: ________________

Current diagnosis and date of original diagnosis: _______________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Anticipated duration of the condition:
☐ Temporary (e.g. broken bone); approximate duration: ________________
☐ Ongoing: No clear recovery date, but condition may improve throughout college
☐ Permanent: Little, to no, possibility of recovery

Describe (or attach) a detailed treatment management plan, including a list of daily medications. _____________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Complete the chart on the following page. Major life functions may include but are not limited to breathing, caring for self, communicating with others, eating, hearing, learning, lifting, reaching, reading, seeing, sitting, sleeping, talking, thinking, walking, and writing. Include an attachment if necessary.

(Continued on next page)
Indicate each major life function that is substantially limited. | How does the condition substantially limit the major life function in a residential setting? | Is functional limitation life threatening?

Provide your professional opinion on the medical necessity of the following accommodations based on the student’s condition. If identified as medically necessary, provide supporting information for the University’s consideration. Note this does not guarantee approval or availability. Include an attachment if necessary.

<table>
<thead>
<tr>
<th>Housing Accommodation</th>
<th>Assessment of Medical Necessity</th>
<th>Describe the Symptom(s) Associated with the Student’s Condition which Necessitate this Accommodation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air conditioner</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Elevator access</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Fire alarm visual strobe in bedroom</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>First floor room</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Kitchen access</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Limit carpeting (air filtration units are permitted without an accommodation)</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Near academic buildings</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Private or semi-private bathroom access</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
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<td>Single bedroom</td>
<td>☐ Medically necessary</td>
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<tr>
<td>Visual fire alarm strobe in bedroom</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Wheelchair accessible</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
<tr>
<td>Other (please specify):</td>
<td>☐ Medically necessary</td>
<td>☐ Convenient, not medically necessary</td>
</tr>
</tbody>
</table>

(Continued on next page)
Are there alternative accommodations that would address the patient/student’s related condition other than the housing accommodations you indicated as medically necessary?

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

Students are required to live on campus for four years. The University is able to accommodate almost all medical needs due to a variety of housing styles (traditional corridor, suites with bathrooms, apartments, and off-site apartments). Through the regular housing process, students are permitted to select their own roommates. There are rare occasions in which the University cannot meet a student’s medical need through campus housing. If you believe that is the situation for this student, please describe the functional limitations that cannot be met through campus housing and detail the specific environmental needs for the student’s condition. The University will review the request and determine what accommodations can be provided to the student.

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

By completing this form, I attest that the patient/student’s aforementioned one or more conditions rise to the level of a disability under ADA/504 and require reasonable accommodation for housing. I also attest that I have reviewed Section 1 (completed by the patient/student) and completed Section 2 accurately and to the best of my ability.

<table>
<thead>
<tr>
<th>Printed Name and Title</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certification or License #</td>
<td>Phone #</td>
<td>Fax #</td>
</tr>
<tr>
<td>Clinic Name</td>
<td>Street Address</td>
<td>City, State, ZIP Code</td>
</tr>
</tbody>
</table>