



## Housing Accommodation Request Application

Allegheny College is a small, residential campus that requires its students to live in community as outlined by its housing policy. Nonetheless, the College recognizes that, in some cases, accommodations may be necessary and has procedures in place to consider exceptions to its housing policies.

Housing accommodations are viewed as part of an active treatment plan. The College requires supporting documentation from an appropriately licensed professional that outlines how a housing accommodation supports your medical needs. Please be aware that a diagnosis of a medical condition in and of itself does not automatically qualify you for a special housing assignment. The healthcare provider must be licensed and may not be a family friend or relative of the student.

Requests will be reviewed by the campus Housing Accommodation Committee, which consists of Student Accessibility & Support Services, the Counseling Center, Residence Life, and Student Health Services.

Assignment to an air-conditioned room as an accommodation requires documentation of a substantial physical or medical impairment. Students wanting to request air conditioning due to a disability should not use this form, but use the *Air Conditioner Request Due to a Disability* form that can be found on the Student Accessibility & Support Services website. Students wanting an air-conditioned room that do not have a disability should go through the regular room draw process with Residence Life.

Students wishing to request disability related dietary/meal plan accommodations should not use this form, but use the *Meal Plan Accommodation Request* form found on the Student Accessibility & Support Services page.

In order to make this determination, it is important that the medical documentation support the request and is completed before the deadlines outlined below.

**New Students:** If you believe you have such a need, you and your treating professional must submit it for review by June 15th.

**Returning Students:** This form needs to be completed by **February 15th**.

### **Directions**

Students requesting special consideration of their housing assignments at Allegheny College must submit this Application for Housing Accommodations and provide the required information from their appropriate medical provider.

Please use the attached supporting documentation form as a guideline of the information needed to properly address your Housing Accommodation Request.

**PART I: TO BE COMPLETED BY STUDENT**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Semester Requesting Housing Accommodation Begin**

(academic year and semester, e.g. Fall '22)

\_\_\_ Immediately (student currently living in campus housing)

\_\_\_ Fall '\_\_\_

\_\_\_ Spring '\_\_\_

\_\_\_ Summer '\_\_\_

**Classification:**

\_\_\_ Incoming First Year

\_\_\_ Incoming Transfer

\_\_\_ Continuing Student

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1.) I am requesting (check all that apply)

\_\_\_ First Floor Accessible Room / Building

\_\_\_ Single Room

\_\_\_ No Carpeting

\_\_\_ Other \_\_\_\_\_

2.) Relevant Diagnosis \_\_\_\_\_

3.) Explain how the accommodations you are requesting will improve your current situation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4.) Please list below the **health care professional(s)** you are authorizing to provide us with **information about you** for consideration for this housing accommodation request.

Name of Provider: \_\_\_\_\_

Name of Provider: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone #: \_\_\_\_\_

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**By my signature, I give my consent for the Senior Assistant Dean for Student Accessibility & Support Services to contact my treating professional for additional information as needed.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **PART II: TO BE COMPLETED BY HEALTH CARE PROFESSIONAL**

Your patient named below is a student at Allegheny College and is requesting a housing accommodation based on a disability. Allegheny College is a small, residential campus that requires its students to live in community as outlined by its housing policy.

The College requires supporting documentation from an appropriately licensed professional that outlines how the housing accommodation supports the medical and/or psychological need of a student. Please be aware that a diagnosis of a medical and/or psychological condition in and of itself does not automatically qualify a student for housing accommodations.

The information you provide will be kept confidential and become part of the student's records held in the Student Accessibility & Support Services office which is located in Pelletier Library. Please fax or return the completed form to the address provided on this page.

In addition to the requested information, you may attach any other information you believe is relevant to the student's housing accommodation request. Contact the Senior Assistant Dean for Student Accessibility & Support Services, John Mangine at (814) 332-2898 with questions or concerns. Thank you for your assistance.

The following points of information must be included in the documentation to assist Allegheny in determining eligibility for services and possible reasonable accommodations. Responses must be type-written on letterhead and signed/dated by an individual qualified to diagnose and treat the indicated condition(s). Incomplete information may delay consideration of the student's request for accommodations.

1. Student name
2. Student date of birth
3. Describe your relationship to the student and how long you have been treating the student.
4. Provide the background and history of the student's medical condition(s).
5. Indicate the current diagnosis/diagnoses (i.e. ICD or DSM code, etc.) and severity of the condition(s).
6. Indicate the current impact of the condition/diagnosis and demonstrated functional impact of the condition on the student.
7. Please indicate any current or past accommodations, auxiliary aids, and/or support services utilized to reduce the impact of the functional impact of the condition.
8. Indicate all recommended accommodations and the reason(s) these are medically necessary.
9. Please indicate the risk, scope, and severity of impact if the recommended accommodations are not provided.

The above information can be provided to Student Accessibility & Support Services via:

- Secure fax to 814-281-3049
- Email to [jmangine@allegheny.edu](mailto:jmangine@allegheny.edu)
- Send via U.S. mail to:

Allegheny College  
Housing Accommodation Committee, Box #6  
Maytum Center for Student Success  
520 North Main Street  
Meadville, PA 16335