Request for Housing Accommodation

What is the Policy and Process?

Saint Mary's University provides reasonable accommodations to students with disabilities. Students with diagnosed physical or mental health conditions requiring housing accommodations should complete and return this form, including the section to be completed by your healthcare provider.

Students requesting housing accommodations must complete the online Housing Application and return this form along with requested documentation to Residence Life. Requests will be reviewed and students will be notified via email. Students are expected to notify Residence Life of their decision to accept or decline the accommodation assignment. This should be done in writing (email will suffice). No response will be interpreted as a declination.

Returning Students:

February 15	Housing Application Opens
March 20	Deadline to Apply for Housing Accommodations (returning students)
March 25	Notification of Decision
March 30	Deadline to Accept or Decline Housing Accommodations

New Students: The deadline to apply for accommodations for the first round of housing assignments is **May 20**. After this date, accommodation requests will be reviewed on a case by case basis.

Please Note:

- Documentation of a specific need or disability does not guarantee the accommodation will be granted.
- Students granted housing accommodations are not eligible to participate in the housing selection process.
- Housing assignments are made based on need. Assignment to a specific residence is not guaranteed.
- Housing accommodations are made for the applicant only. Housing with specific roommates is not guaranteed.
- Housing accommodations are extremely limited and thoroughly screened.
- Housing accommodations are given for one year only. Updated information will be required each year. Renewal is not guaranteed.

The student has the right to decline the housing assignment; however, in doing so the student waives the right for further consideration of the request for housing accommodations.

Documentation should be submitted to:

Office of Residence Life
700 Terrace Heights, #9
Winona, MN 55987
Phone: (507) 457-1409
(800) 635-5987, Ext. 1409
Fax: (507) 457-8708
reslife@smumn.edu

To Be Completed by the Student

Name: Phone:

Email: Current Campus Housing:

What is your diagnosed disability?

What major life activities are substantially limited by this disability?

What specific housing accommodation are you requesting? Please explain how this housing accommodation will address the limitations described above?

Consent and Release of Information*:

- □ I authorize Saint Mary's University and its representatives to share information related to my *Request for Housing Accommodations* with relevant departments and individuals. This includes but is not limited to the Office of Student Life, Access Services and Health and Counseling Services. I recognize that the sharing of this information is necessary for departments to work collaboratively for my benefit.
- □ I authorize Saint Mary's University and its representatives to contact my healthcare provider for additional information, related to this request.
- □ I recognize that submission of the *Request for Housing Accommodation* and accompanying documentation does not guarantee a specific request will be granted.
- □ I have read this document thoroughly and agree to the process described.

*This release is effective for 1 year from the date signed.

_____ _____

Student Signature Date

To Be Completed by the Healthcare Provider

Instructions for Students:

Please complete the *Consent for Release of Information* below and deliver this form to your healthcare provider. For **medical requests** this should be the provider who is *primarily responsible for treating the student for this condition* (DO, MD, NP, PA). For **mental health requests**, this should be a *licensed psychiatrist, psychologist, or counselor*. The person completing this form cannot be related to the student.

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

I authorize _____ (healthcare provider's name) to disclose the information requested on this form to Saint Mary's University for the purpose of evaluating my request for housing accommodations. I authorize both parties to discuss information, as needed, related to my request.

*This release is effective for 1 year from the date signed.

Student Name: _____ Date of Birth: _____

Student Signature: _____ Date: _____

Instructions for Healthcare Provider Completing this Form:

The student named above has requested a housing accommodation at Saint Mary's University of Minnesota.

Saint Mary's University provides reasonable accommodations to students with documented disabilities. Housing accommodations are limited and will be evaluated on a case by case basis. In order to effectively evaluate the student's request, the University requests documentation from an appropriately qualified healthcare provider. For **medical requests** this should be the provider who is *primarily responsible for treating the student for this condition* (DO, MD, NP, PA). For **mental health requests**, this should be a *licensed psychiatrist, psychologist, or counselor*. The person completing this form cannot be related to the student.

Please answer each question on the form thoroughly, as this information will be used in determining how to most appropriately address the student's request for housing accommodations.

Please feel free to contact us with any questions you may have: (507) 457-1409.

Completed forms can be returned with the student or faxed to:

Saint Mary's University of Minnesota
Fax: (507) 457-8708

Healthcare Provider Statement for Housing Accommodations

Student Name: _____ DOB: _____

Major Life Function/Disability Information

Accommodations are available to students identified as having a disability or severe medical condition. 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 include: seeing, hearing, eating, sleeping, walking, standing, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and self-care.

Based on the above definition, does this individual have a disability? **YES NO**

Medical History

Primary Diagnosis and ICD-10:

Secondary Diagnosis and ICD-10:

(If applicable, attach a copy of test results, i.e. allergy testing, labwork, pathology)

When was this condition diagnosed?

How long has the student been under your care?

Date of your most recent evaluation related to this condition?

Does the student take prescription medication for this condition? **YES NO**

If yes, please specify medications, doses and frequency:

Does the student utilize other treatments or interventions for this condition? **YES NO**

If yes, please describe:

The prognosis for the medical condition or disability above is:

Permanent _____ 6-12 months _____ 6 months or less _____ Episodic (please describe below) _____

Additional Information

What major life activities are substantially limited by this disability (functional limitations)? Please describe:

How would this housing accommodation impact the students function?

What would be the impact if this housing accommodation cannot be met?

Given the functional limitations of the student's condition, what housing accommodations are medically necessary?

Please Initial One of the Following:

- ❑ I believe this request for housing accommodations is medically necessary. I believe that without it one or more major life activities would be substantially limited.
- ❑ I believe this request for housing accommodations is a reasonable **preference** but not medically necessary. While it may be beneficial, it will not substantially limit major life activities if it is not granted.
- ❑ There is insufficient evidence to support the need for this housing accommodation at this time.

Additional Comments:

Healthcare Provider Name:

Please Print Credential or Degree

Signature:

License # / State:

Address:

Phone: Fax:

Medical Office Stamp:

Completed forms and supporting information can be returned with the student or faxed to:

Saint Mary's University of Minnesota
Fax: (507) 457-8708

PLEASE DO NOT WRITE BELOW THIS LINE

□ Approved □ Denied □ Additional Information Needed

Notes: