

STUDENT NAME:

STUDENT DATE OF BIRTH:



Accessibility and Disability Service
0106 Shoemaker Hall
College Park, Maryland 20742-8111
301.314.7682 TEL 301.405.0813 FAX

Accommodated Housing Documentation

To request housing accommodation(s) for a disability, chronic health condition or other medical issue(s), information from the treating licensed clinical professional or health care provider must be submitted to Accessibility and Disability Service (ADS). The professional/provider must be thoroughly familiar with the student's physical or psychological condition(s) and resulting functional limitations, restrictions or considerations.

This information is needed to ensure that the student will be assigned to a room that satisfactorily meets the assignment need. All information and documents provided to ADS will be kept confidential. Any confidential information will be shared only with relevant staff in a discreet manner and will be used only as permitted by law. This information will have no bearing on a student's general eligibility for housing.

ADS reserves the right to request additional documentation if the information submitted appears to be outdated, inadequate in scope or content, does not address the student's current level of functioning, or substantiate their need for modifications or accommodations. Students will be notified in writing of the decision.

Please note that housing accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify, the student must have a current condition that substantially limits a major life activity, and the accommodation request must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify one for accommodations.

We acknowledge that certain medical conditions (such as some allergies or forms of asthma) may cause discomfort in a university housing environment, but many medical conditions do not qualify as disability, as defined by the Americans with Disabilities Act (ADAAA) and the Fair Housing Act (FHA), and as such, may not be eligible for housing modifications. Please note that accommodations in the residential environment are granted to students with significant documented disabilities only. Adjustments to a student's residential space due to health-related symptoms that do not rise to the level of a significant disabling condition, such as living with a particular roommate or in a particular location or desire for a quiet or undisturbed place to study, are considered housing preferences and are addressed by the Department of Resident Life.

STUDENT NAME:

STUDENT DATE OF BIRTH:

Due Dates

In order for housing accommodation requests to be reviewed and addressed in a timely manner, students are asked to meet the following best consideration due dates if they wish to have accommodations available on the day that residence halls open each semester. Requests submitted after the posted due dates will be reviewed and considered (as space allows), but they cannot be guaranteed to be available at the start of the semester.

- May 15: Best Consideration due date for fall admission
- December 1: Best Consideration due date for spring admission

How Decisions Are Made

Housing assignments and the residential learning environment are integral parts of University of Maryland programs, particularly for freshmen. Below is a summary of the factors we consider when evaluating housing requests.

The answers to any/all of these questions may be key factors in our decision-making. Our goal is to provide access to a safe and supportive living environment for all students participating in our established resident life program.

Severity of the Condition is considered

1. Is the impact of the condition life-threatening if the request is not met?
2. Is there a negative health impact that may be permanent if the request is not met?
3. Is the request an integral component of a treatment plan for the condition in question?
4. Does the request center on room adaptations necessary for safe and independent occupancy in the residence hall?
5. What is the likely impact on academic performance if the request is not met?
6. What is the likely impact on social development if the request is not met?
7. What is the likely impact on the student's level of comfort if the request is not met?

Timing of the Request is considered

1. Was the accommodation request made with the student's initial housing request?
2. Was the request made before the deadline for housing requests for the semester in question?
3. Was the request made as soon as possible after identifying the need (based on date of diagnosis, receipt of housing assignment, change in status, etc.)?

STUDENT NAME:

STUDENT DATE OF BIRTH:

Feasibility and Availability are considered

1. Is space available that meets the student's needs?
2. Can space be adapted to provide the requested configuration without creating a safety hazard (electrical/structural load limits, emergency egress, etc.)?
3. Are there other effective methods or housing configurations that would achieve similar benefits as the requested configuration?
4. How does meeting this request impact housing commitments to other students?

Part I- University of Maryland Student Request Information

This section is to be completed by the student:

- Student Name:
- Student UID Number:
- Student Date of Birth:
- Student Email Address:
- Student Phone Number:

What housing accommodation(s) are you requesting (please specify)?

STUDENT NAME:

STUDENT DATE OF BIRTH:

Part II- Medical/Mental Health Documentation Professional Documentation

This section is to be completed by the student's physical or mental health care provider.

To the student: *PART II OF THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY BY YOUR TREATING HEALTH CARE PROVIDER.* If this form is completed by anyone other than an appropriate and qualified licensed healthcare professional, the information provided may not be used to support your accommodation request. The University of Maryland reserves the right to request additional documentation. Given that a request for additional information can result in a delay in your request for accommodations, you are strongly urged to have the form completed by an appropriate and qualified, licensed health care professional who will include all requested information.

To the evaluator: The student named above (in Part I) has asserted that they have a disability which will require housing accommodation at the University of Maryland. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature. We cannot accept substitutions for this and you will be requested to provide supplemental information on official letterhead. All information provided to us is confidential. With the student's permission, we may contact you directly for additional information to assist us in making a determination. Please contact us with any questions.

Please note these relevant definitions:

"Major bodily functions" include, but are not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

"Major life activities" include, but are not limited to, caring for oneself independently, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

HEALTH CARE PROVIDER

Please respond to the following questions.

1. Please identify the physical or mental impairment for which you are treating the student.
2. Please list the date of onset and severity of the impairment.
3. How long have you been treating the student?
4. When was the last date of treatment you had with the student?

STUDENT NAME:

STUDENT DATE OF BIRTH:

5. Please list any current functional limitations and impact on activities of daily living in residence halls.

6. For each and every accommodation requested in PART I, please describe why the requested accommodation is necessary.

7. How, if at all, does each requested accommodation impact the current treatment plan for the student?

8. If single room housing or a private bathroom is requested, please identify alternative accommodations that would address the student's needs in the event that the requested accommodation cannot be provided.

9. Please provide any additional information that will be helpful to University staff in considering the accommodations that you are recommending. You may choose to address these questions:

- a. Is the impact of the condition threatening if the request is not met?
- b. Is there a negative health impact that may be permanent if the request is not met?
- c. Is the request an integral component of a treatment plan for the condition in question?
- d. What is the likely impact on academic performance if the request is not met?
- e. What is the likely impact on social development if the request is not met?
- f. What is the likely impact on the student's level of comfort if the request is not met?

Healthcare Provider's Name:

Professional Licensure Area:

State of License Issued:

License Number:

Office Address:

Phone:

Email: