

Student Disability/Medical Request for Special Housing Accommodations Instructions

You may request special housing accommodations if you have a qualified medical/psychological condition in accordance with the Americans with Disabilities Act (ADA). Only completed requests are reviewed. A complete request consists of (1) this form, (2) documentation from your health care provider (pg. 2), and a release of information (pg. 3). The Medical Provider (MD, DO, PhD, PA or NP) cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). Also, recommendations and/or statements included in the medical documentation should not be interpreted as automatic approval for special housing. **Please note: Students need to re-apply each year for on-campus special housing accommodations and provide necessary updated documentation. The university, acting in good faith, reserves the right to request updated documentation at any time.**

Deadlines for Special Housing Accommodations Requests:

- July 31** Deadline for requests for First Year Housing Assignments
- October 31** Deadline for requests for Spring Housing
- March 1** Deadline for requests for continuing resident students for Fall Semester

I authorize the following offices at Georgian Court University to communicate and share information on the need-to-know basis in regards to my request for special housing.

- Director of Health & Counseling*
- Director of Residence Life*
- Director of Student Disability Office*

Submit all forms to: Georgian Court University Health Services
Attn: Director
900 Lakewood Avenue
Lakewood, New Jersey 08701
Phone: 732-987-2756
Fax: 732-987-2014

For Student: Date of Request _____
Student Name: _____ Date of Birth: _____

Please detail your request and the reason(s) for it.

Medical Need for Special Housing Request Provider Instructions/Form

Student Name: _____ Date of Birth: _____

FOR HEALTHCARE PROVIDER:

The above student is requesting to be considered for special housing at Georgian Court University in accordance with the Americans with Disabilities Act (ADA). Your professional opinion will be used in the consideration of this request. Special housing is limited and only those students with the greatest medical need(s) will receive special housing arrangements. The patient listed above cannot be someone with whom you have a significant emotional relationship (e.g. parent, sibling, or other relative). A rating scale is attached on page 3 for your evaluation. Using this scale please rate student functioning from 0-100.

Please provide the following information:

- Patient's diagnosis including DSM-5 if applicable and related ICD-9 code: _____

- Diagnostic criteria used: _____
- How long has the patient been in your care and when was the last visit: _____

- Medications, Therapies, Interventions, etc. _____

- Statement as to level of severity and the major life activities impacted by the patient's condition. Please describe each functional limitation of the condition. _____

- Please give a description of the recommended housing arrangements (e.g. first floor, air conditioner, single room, etc.) based on the impact of the disability or functional limitations associated with the student's disability. _____

- Functioning in Academic Setting Score (see page 3) _____

Qualified Professional's Name, Signature, Title & Stamp: _____

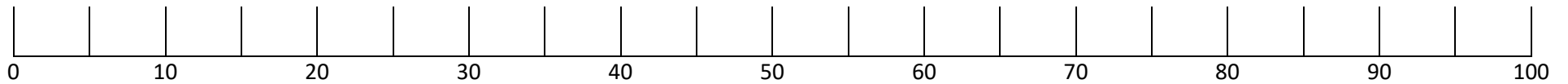
Address: _____

Telephone Number: _____ **Fax Number:** _____

License/Certification Number: _____ **State of Licensor:** _____

Type of License: _____

Date of Initial Contact with Student: _____ **Last Date of Contact with Student:** _____



Overview of Functioning in Academic Setting

- 100: superior functioning in a wide range of academic, social, extracurricular and/or athletic activities. Life's problems never seem to get out of hand. Able to complete all activities of daily living without assistance.
- 90: absent or minimal symptoms, good functioning in most academic, social, extracurricular and/or athletic activities. Interested and involved in a wide range of activities, socially connected, able to function without reliance on assistive devices.
- 80: if symptoms are present, they are transient and expectable reactions to specific triggers or stressors (including seasonal allergies), slight impairment in academic, social, extracurricular and/or athletic activities. Any mobility issues addressed through assistive devices.
- 70: some mild symptoms or some difficulty participating in academic, social, extracurricular and/or athletic activities, but generally functioning reasonably well and has some meaningful interpersonal relationships, making adequate academic progress.
- 60: moderate symptoms, moderate difficulty in academic, social, extracurricular and/or athletic activities. Condition requires ongoing management and monitoring/treatment, which student is aware of and actively participates in. Assistive devices REQUIRED to function. Assistive devices may include, but are not limited to: wheelchairs, crutches/cane or service dog. NOTE: emotional support animals are NOT the same as service dogs.
- 50: serious symptoms, serious impairment in academic, social, extracurricular and/or athletic activities. Housing accommodation is essential to student's ability to manage/monitor/treat condition. Examples of such conditions may include, but are not limited to severe asthma, severe food allergies, ulcerative colitis, and Crohn's disease.
- 40: major impairment in several areas, including academic, social, extracurricular AND athletic activities. Housing accommodation is essential to student's ability to function independently. An example of such a condition may include, but is not limited to, chronically compromised immune system functioning.
- 30: serious impairment in communication, judgment, ability to complete activities of daily living. If student is unable to complete activities of daily living independently, treatment provider must provide evidence to support student's ability to safely reside within residence halls.

Student Disability/Medical Request for Special Housing Accommodations Release

I authorize the following offices at Georgian Court University to communicate and share information with one another in regards to my request for special housing. Communication will be limited to information specifically related to my request for special housing accommodations.

- Director of Health & Counseling
- Director of Residence Life
- Director of Student Disability Office

I further authorize the following to communicate and share information with Georgian Court Health Services concerning my request for special housing accommodations. Communication will be limited to information specifically related to my request for special housing accommodations.

- My Parent or Guardian
- My medical provider completing my Medical Need Special Housing Accommodation Request

I understand that I may revoke this request for Special Housing Accommodations in writing to Health Services and the Office of Residence Life. This authorization and request is fully understood and is made voluntarily on my part.

Date of Release: _____

Student Name: _____ **Date of Birth:** _____

Student Signature: _____

Student's email address: _____ **Phone number:** _____

Parent's Signature (If student is under 18): _____