



UNIVERSITY OF DETROIT MERCY

Disability Documentation Form for Residence Life

TO BE COMPLETED BY STUDENT'S HEALTH CARE PROFESSIONAL

The University of Detroit Mercy is a four-year urban university. In residence halls, students learn to live in a community and share space with others as an integral part of the educational experience. A standard housing assignment is a two-person sleeping room where community bathroom facilities are located on the same floor, or a two-person suite which has a shared bathroom with one or two other students. UDM's Residential facilities are 3-7 stories tall, and particular areas are equipped for students with mobility and other disability-related requirements. There are numerous locations on campus that provide quiet spaces for studying (including the library, several academic buildings, and computer labs), and all are within a 10 minute walk of residential campus housing.

University of Detroit Mercy is deeply committed to the full participation of students with disabilities in all aspects of College life, including residential life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), University of Detroit Mercy has established procedures to ensure that students with documented disabilities receive housing assignments that reasonably meet their needs as required by law. **Requests for particular housing assignments based on a student's preference, rather than need, for a particular type of living environment, such as a certain type of room or location, or desire for a quiet, undisturbed place to study, will not be honored.**

Student Name: _____

Name and Credentials of the Professional Making the Recommendation (cannot be related to student):

The student named above has requested a residential accommodation from University of Detroit Mercy based upon an asserted disability. 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 are: seeing, hearing, speaking, breathing, eating, sleeping, walking, standing, lifting, bending, learning, reading, communicating, working, performing manual tasks, caring for oneself, thinking, concentrating, and the operation of major bodily functions. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. Based on this definition, does this individual have a disability? ___ YES ___ NO

2. If yes, please cite the student's disability(ies) or impairment(s), using a DSM-V diagnosis or ICD code when appropriate:

3. The condition is: ___ permanent ___ episodic ___ temporary
The anticipated duration of the temporary condition is: _____

4. Date of diagnosis: _____ Made by you? _____ Date of most recent evaluation: _____

5. Length of time in treatment with you: _____ If not, by whom? _____

6. Length of time under your care: _____ Currently under your care? ___ YES ___ NO
If no longer under your care, when did care end? _____

7. Medical/therapeutic equipment needed: _____

8. Prescribed medication(s) (indicate dosage): _____

9. Please check which of the following major life activities this condition(s) substantially limits:

- | | | | |
|-----------------------------------|------------------------------------|--|--|
| <input type="checkbox"/> walking | <input type="checkbox"/> hearing | <input type="checkbox"/> seeing | <input type="checkbox"/> manual tasks |
| <input type="checkbox"/> reading | <input type="checkbox"/> working | <input type="checkbox"/> learning | <input type="checkbox"/> breathing |
| <input type="checkbox"/> lifting | <input type="checkbox"/> eating | <input type="checkbox"/> sleeping | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> speaking | <input type="checkbox"/> thinking | <input type="checkbox"/> standing | <input type="checkbox"/> communicating |
| <input type="checkbox"/> bending | <input type="checkbox"/> self-care | <input type="checkbox"/> the operation of major bodily functions | |

Others? _____

10. Please describe in detail the 1.) Type, 2.) Severity, and 3.) Frequency of symptoms currently experienced by the student, and how the disability interferes with one or more major life activities as would be encountered in a residential environment (please attach additional comments as needed).
11. Given the standard housing assignment and study site options previously illustrated, please describe and provide rationale for any modifications to the standard assignment that you recommend to accommodate the student's disability. Please explain how the modifications you recommend would assuage the functional limitations of the student's underlying condition (please attach additional comments as needed)
12. What are some possible alternatives if meeting your primary recommendation is not possible?
13. Please indicate how this student may be at risk during an emergency evacuation, (e.g. fire).
14. _____ I have attached documentation of evaluations which led to the diagnosis (**within last 6 months**).

HEALTH CARE PROFESSIONAL'S CONTACT INFORMATION
(Stamp or write: office address, phone number, and email)

Signature: _____ Date: _____

My signature verifies that I am, or have been, this student's treating health care professional, that the contents are true and accurate, **and that I am not a relative of the student.**

NOTE - THIS FORM IS NOT TO BE GIVEN TO THE STUDENT TO SUBMIT, BUT RATHER SENT DIRECTLY TO:

Laura M. Bagdady
Assistant Director
Student Disability & Accessibility Support Services
University of Detroit Mercy McNichols Campus
Library – RM 319 Detroit, MI 48221

Contact Information:
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