

Request for Housing Accommodation Documentation Form

PLEASE REVIEW INSTRUCTIONS FOR COMPLETING THIS FORM. INCOMPLETE FORMS WILL NOT BE CONSIDERED.

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.*

PART A: PERMISSION TO RELEASE INFORMATION – TO BE COMPLETED BY STUDENT

I, (print) _____, Date of Birth _____, do hereby give my permission for the individual listed below to provide information related to my disability to the Director of Disability Support Services at University of Detroit Mercy for the purpose of determining my eligibility for disability accommodations.

Student Signature _____ Date _____

PART B: NAME AND CREDENTIALS OF THE PROFESSIONAL MAKING THE RECOMMENDATION – TO BE COMPLETED BY STUDENT:

Name ! _____ Specialty _____ Office Phone _____
Address _____

PART C: TO BE COMPLETED BY THE PROFESSIONAL IDENTIFIED IN PART B.

1. ! The student named above has requested a residential accommodation based on a disability, which is defined under the Americans with Disabilities Act as **"a physical or mental impairment that substantially limits one or more major life activities."** For the purpose of this request, a student must be impacted by this disability for **more than six months**. A temporary impairment (lasting less than six months) may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

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

2. ! If yes, please cite the student's disability(s) or impairment(s), using the current DSM diagnosis or ICD-10 code when appropriate:

3. ! The condition is: ___ permanent ___ episodic ___ temporary

The anticipated duration of the temporary condition is: _____

4. ! Date of original diagnosis: _____ Made by you? ___ If not, by whom? _____

Date of most recent evaluation: _____ Made by you? ___ If not, by whom? _____

5. ! Length of time under your care: _____ Currently under your care? ___ YES ___ NO

If no longer under your care, when did care end? _____

6. ! Medical/therapeutic equipment needed: _____

7. ! Prescribed medication(s) (indicate dosage): _____

8. ! 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 !	
<input type="checkbox"/> Other _____			

9. ! **MUST BE COMPLETED**: 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).

TYPE:

SEVERITY:

FREQUENCY:

10. **MUST BE COMPLETED**: 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)

11. Please check the statement that is most appropriate as it relates to these requested accommodations.

- This accommodation is recommended, but I don't consider it is medically necessary for this student to benefit from living in a residential setting.
- This accommodation is medically necessary, without which this student's ability to benefit from living in a residential setting would be substantially limited due to their disability.
- I have treated this student for less than 6 months and can't confirm at this time whether this accommodation is medically necessary for this student to benefit from living in a residential setting.

PART D: My signature below 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.

Signature: _____ Date: _____

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

Emilie Wetherington
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Detroit, MI 48221

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