SPECIAL HOUSING ACCOMMODATION REQUEST

STUDENT REQUEST (Form A)

This form should be filled out by the student and returned no later than 12pm Wednesday, August 15th, 2012 for the 2012-2013 academic year and Wednesday, March 21st, 2013 for the 2013-2014 academic year to:

Molly S. MacElroy
Office of Residential Life, Union College Reamer
Campus Center, Room 409

- **Applications submitted late will be considered based on extenuating circumstances and on a case by case basis**
- **Submission of an application does not guarantee that the requested accommodation will be granted**
- **All students must submit Forms A and B; students requesting air conditioners need to submit Forms A, B, and C**
- **Students must make sure that the physician forms are submitted by the application deadline, if submitted separately**

PLEASE PRINT OR TYPE

Student Name: _____

Cell Phone: _____ E-mail: _____

Permanent Address: _____

_____ Home Phone: _____

☐ Incoming Freshman ☐ Transfer Student ☐ Returning Student (Class year _____)

(A) **Requests for special housing accommodations will need to be submitted each academic year. The student will be notified in advance if more current documentation is needed each subsequent year a special housing accommodation is requested.** In addition, the College, acting in good faith, reserves the right to request updated documentation at any time.

(B) The student agrees that any information provided in conjunction with this request can be reviewed as necessary by appropriate staff to determine the response. In addition, the student grants permission for attending physicians and/or other professional providers to share information as requested by College staff. **REQUESTS WITHOUT STUDENT'S SIGNATURE (BELOW) CANNOT BE CONSIDERED AND WILL BE RETURNED TO THE STUDENT. FORMS WITH INCOMPLETE OR UNCLEAR RESPONSES WILL BE RETURNED TO THE STUDENT.**

Student Signature: _____
Date: _____
Current housing assignment (if applicable): _____

Current housing accommodations (if applicable): _____

*Form adapted from Swarthmore College

Housing accommodation(s) requested for the fall 2012(13)/winter 2013(14)/spring 2013(14) academic year:

_____

_____

Why is this accommodation necessary and how it will impact your ability to live in a college residence hall: _____

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

During the past school year, have you visited your doctor or the Health Center for treatment due to the disability?

□ YES * □ NO

*If yes, please provide number of times and attach documentation (if possible) of your visits.

_____

*Form adapted from Swarthmore College

SPECIAL HOUSING ACCOMMODATION REQUEST

PHYSICIAN REQUEST (Form B)

SECTION I: TO BE COMPLETED BY STUDENT

Name of Student: _____ Union College ID: _____

Class Year: _____ Email: _____

Consent for Release of Information: I, _____ (student name), give

_____ (physician name) permission to provide the information requested to the

Committee on Special Accommodations at Union College.

_____ _____

Student signature Date

SECTION II: TO BE COMPLETED BY ATTENDING PHYSICIAN OR SPECIALIST - OFFICE STAMP REQUIRED.

Physician must specialize in the area of the condition or disability, and not be a friend of the family or related to the student by blood or marriage.*

Name: _____

Specialty: _____ Phone: _____

Address: _____

City: _____ ___ State: _____ Zip: _____

License/Certification Number and State of Licensure: _____

Are you the primary care physician for this patient: _____

Date of most recent office visit: _____

How long have you treated this patient? _____

Medical diagnosis(es): Please include ICD9-CM OR DSM-IV TR Axis codes		
	Expected Duration:	Prognosis:
Date of:	Permanent, Temporary,	Progressive, Stable,
Diagnosis onset:	Remitting/Relapsing	Guarded

*Form adapted from Swarthmore College

What medications are currently prescribed for this patient?			
Medication:	Dosage:	Daily or PRN:	Side effects experienced by patient (if applicable):

Please indicate the *current functional limitations* of the patient: (check all that apply).		
Functional limitation:	Effect on functioning:	Degree of limitation:
□Hearing (include audiogram		□Mild □Moderate □Severe
if applicable)		
□Vision (include acuity levels		□Mild □Moderate □Severe
if applicable)		
□Speech		□Mild □Moderate □Severe
□Manual		□Mild □Moderate □Severe
□Ambulation		□Mild □Moderate □Severe
□Motor Coordination		□Mild □Moderate □Severe
□Activities of Daily Living		□Mild □Moderate □Severe
□Endurance		□Mild □Moderate □Severe
□Respiratory		□Mild □Moderate □Severe
□Climatic/Environment		□Mild □Moderate □Severe
□Concentration		□Mild □Moderate □Severe
□Memory		□Mild □Moderate □Severe
□Sleep Disturbance		□Mild □Moderate □Severe
□Social Interaction		□Mild □Moderate □Severe
□Eating Disorder		□Mild □Moderate □Severe
□Other		□Mild □Moderate □Severe

*Form adapted from Swarthmore College

Please list any specific accommodations or other services you recommend to address the.

Please use this space to provide any other information you believe will be helpful to us in assisting your patient in his or her academic endeavors at Union College.

Signature of physician/medical care provider: _____

Date: _____

Office Stamp: _____

Please return this form to: **Union College**
ATTN: Molly S. MacElroy
Office of Residential Life, Reamer 409
807 Union Street
Schenectady, NY 12308

OR FAX to: 518-388-6694

*Form adapted from Swarthmore College

SPECIAL HOUSING ACCOMMODATION REQUEST

AIR CONDITIONING REQUEST DUE TO EXTREME MEDICAL CIRCUMSTANCES (Form C)

SECTION I: TO BE COMPLETED BY STUDENT

Name of Student: _____ Union College ID: _____

Class Year: _____ Email: _____

Consent for Release of Information: I, _____ (student name), give

_____ (physician name) permission to provide the information

requested to the Committee on Special Accommodations at Union College.

_____ _____

Student signature Date

SECTION II: TO BE COMPLETED BY ATTENDING ALLERGIST OR MEDICAL SPECIALIST. OFFICE STAMP REQUIRED.

******Physician must specialize in the area of the condition or disability, and not be a friend of the family or related to the student by blood or marriage.******

Please Note: Due to the generally mild weather in upstate NY the residence halls are not air conditioned, nor are students permitted to provide air conditioners for their rooms except in rare instances of disability. As part of the standard furniture and room arrangements, student rooms may be carpeted. Students with allergies or asthma generally do okay in this environment without any special arrangements. If allergies or asthma form the basis of a special housing request, full medical documentation will be required including skin test results for allergies. Those students whose conditions are substantially limiting to a major life activity must provide detailed medical documentation to show why the condition qualifies as a disability.

Name: _____

Specialty: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

License/Certification Number and State of Licensure: _____

Date of most recent office visit: _____

How long have you treated this patient for an allergic or other significant medical condition?

_____

Type of allergy or significant medical condition:

_____

_____

Please give the diagnosis, functional limitation, recommendation regarding accommodation needs and your justification for this recommendation on the attached forms.
(No prescription pad paper please)

*Form adapted from Swarthmore College

Section III: <u>ASTHMA</u>

(C) Current Diagnosis (select one)

Exercise Induced Asthma
Intermittent Asthma
Persistent Asthma
Other (please define) _____

(D) Current Asthma Medications (<u>please note medication name, dosage, and how often student takes</u>)

Short-Acting Beta Agonists

_____

Long-Acting Beta Agonists

_____

Inhaled Corticosteroids _____
Other _____

(E) Please check any of the following which are true for your patient (dates required)

History of severe asthma exacerbations requiring emergency care (most recent date)_____
Prior intubation for asthma
Hospital admission for asthma (most recent hospitalization date) _____
Prior office visits for asthma exacerbation (most recent 3 visit dates) _____,
_____, _____

- Prior use of IM or oral corticosteroids for asthma (most recent date prescribed)_____
- Currently requires more than 2 canisters of short-acting beta agonist per month

(F) Are symptoms: ___ continuous ___ intermittent ___ seasonal ___ other (please explain below)

_____
_____
_____
_____

(G) Severity of symptoms: ___ mild ___ moderate ___ significant ___ other (please explain below)

_____
_____
_____

(H) Description of the student's functional limitations or behavioral manifestations in a college residence hall setting:

_____
_____
_____

(I) MEDICAL PROVIDER COMMENTS: Please list your specific recommendations for reasonable housing accommodations for this student in a college residence hall

_____
_____
_____

Signature of Physician/Medical Care Provider: _____ Date: _____

*Form adapted from Swarthmore College

Section III: <u>ALLERGIES</u>

(J) **Current Diagnosis (select one)**

- Allergic Conjunctivitis
- Allergic Rhinitis (Circle one): Seasonal Perennial
- Other (please defin e):

_____

10. Current Allergy Medications (<u>please note medication name, dosage, and how often student takes</u>)

- Antihistamines:

_____

- Steroid Nasal Inhaler:

_____

- Other:

_____

11. Please check any of the following which are true for your patient (dates required)

- Allergies documented by skin testing or other diagnostic testing (most recent date) _____
- Prior or current immunotherapy (allergy shots)

11. Are symptoms: ___ continuous ____intermittent _____seasonal _____other (please explain below)

12. Severity of symptoms: ____mild ____moderate ____significant _____ other (please explain below)

(K) Description of the student's functional limitations or behavioral manifestations in a college residence hall setting:

(L) MEDICAL PROVIDER COMMENTS: Please list your specific recommendations for reasonable housing accommodations for this student in a college residence hall

Signature of Physician/Medical Care Provider: _____Date: _____

*Form adapted from Swarthmore College

Union College Disability Accommodations Process

Union College provides support services and reasonable accommodation to students with medical and/or psychiatric disabilities who qualify under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973.

Disability and Extreme Medical Condition Housing Accommodations Requests:

1. Requests for the 2012-2013 academic year can be submitted until 12pm August 15th, 2012, and only with extenuating circumstances and on a case by case basis will any other requests be considered. Requests for the 2013-2014 academic year can be submitted by 12pm Wednesday, March 20th, 2013.
2. Students will be notified if they have been approved or denied for housing accommodations on or about Wednesday, August 22nd (for 2012-2013 academic year requests) and Wednesday, April 3rd, 2013 (for 2013-2014 academic year requests).
3. Submission of an application does not guarantee that the accommodation request(s) will be granted.
4. Special needs housing requires advanced planning and documentation. Student wishing to apply for housing accommodations must complete the appropriate forms, available at the bottom of this page.
5. Students with documented disabilities or extreme medical conditions who are requesting accommodations should meet with either Molly MacElroy (Director of Residential Life) or Shelly Shinebarger (Director of Student Support Services). (A phone call can be scheduled during the summer months)
6. Student must apply for accommodations each year. Even if you have had special needs housing accommodations in the past, you must submit updated documentation and meet with Ms. MacElroy or Ms. Shinebarger each year. Accommodations are not guaranteed to carry over from one year to the next. These documented requests will be reviewed by a committee of people before the request is acted upon.
7. Special needs housing accommodations are intended for individuals with a medical disability, which substantially limits their ability to function daily in a residence hall environment.
8. There is a difference between housing accommodations and housing preferences. Student preferences for certain types of housing (ground floor, air conditioning, etc.) cannot be granted, whereas reasonable accommodations are provided to student with documented disabilities.

Documentation Forms:

- Form A: (to be completed by student) [all requests]
- Form B: (to be completed by physician) [all requests]
- Form C: (to be completed by specialist) [all requests]*

*All students must submit Forms A and B. Students requesting air conditioning must ALSO submit Form C.

Students approved for air conditioning due to extreme medical conditions may be required to:

If not housed in College Park Hall:

- Provide their own air conditioning unit (Facilities Services will provide specifications)

*Form adapted from Swarthmore College

- Contact Facilities Services through the online work request system to install the air conditioning unit. Students may not install their own unit and must schedule installation with a qualified staff member. We cannot guarantee that your air conditioning unit will be installed on the first day you arrive to campus. Every effort will be made to install units within the first 1-2 weeks of classes.

****Please note:** due to the generally mild climate in Schenectady, NY the residence halls (with the exception of College Park Hall) are not air conditioned, nor are students permitted to provide air conditioning units for their rooms except in the rare instances of disability. As part of the standard furniture and room arrangements, some student rooms are carpeted. Students with allergies or asthma generally do well in this environment without any special arrangements. If allergies or asthma form the basis of a special housing request, full medical documentation will be required, including skin test results for allergies. Those students whose conditions are substantially limiting to a major life activity must provide detailed medical documentation to show why the condition qualifies as a disability.

*Form adapted from Swarthmore College