



Housing Accommodation Request, Policy and Procedure

The Student Accessibility Center works in collaboration with the Student Health Center, Counseling Services and Residence Life to meet the needs of students requesting a Housing Accommodation.

Requests for Housing Accommodations can only be made by submitting the following documents, and it is the responsibility of the student to initiate all requests, complete the indicated form, and ensure that a licensed healthcare professional submit the documentation in a timely manner.

PLEASE NOTE: This policy and procedure does not supersede other housing policies or procedures or guarantee a student housing. All criteria for housing must be met as outlined in the Student Handbook and the annual room lottery and selection process.

FORMS TO BE SUBMITTED:

FORM 1: The completed Housing Accommodation Request (student completes this)

FORM 2: The signed Housing Accommodation Request- including additional documentation from a licensed healthcare provider verifying the necessity of a Housing Accommodation (healthcare provider completes this)

PROCEDURES:

1. The student will file the completed Housing Accommodation Request (Form 1) with the Student Accessibility Center and request supporting documentation from their licensed healthcare provider (Form 2).
2. The Student Accessibility Center will notify the student of the receipt of the forms and notify the student if any additional information or documentation is needed.
3. Upon receipt of all the necessary documentation, the Housing Accommodation Committee (Housing Coordinator, Directors of Counseling/Health Center, and the Student Accessibility Center) will determine whether appropriate reasonable accommodations can be made based on the submitted information. The committee will review applications on a regular basis.
4. The Office of Residence Life will notify the student in writing whether or not the accommodation can reasonably be made. This notification will be sent to the student's university email address.
5. Students who need **additional accommodations** or advocacy, should register with the Student Accessibility Center. Please contact: Silvia Henriss, Director, Student Accessibility Center at: shenriss@ashland.edu, or call 419-289-5904.

CONFIDENTIALITY:

The Student Accessibility Center understands the nature of medical confidentiality and privacy laws, if a request for a housing accommodation is to be given full and appropriate consideration, then the above documentation is vital and the ability to contact the certifying professional may be essential. It is the responsibility of the student to notify their professional healthcare provider's office of the need for the above information and to provide that office with any required privacy release documentation. The Student Accessibility Center guarantees that a student's confidentiality will be upheld, and information shared as needed with the Housing Accommodation Review Committee members. Documentation provided by the student as part of the Housing Accommodations Review process will be maintained in a confidential manner by the Student Accessibility Center. If a student chooses not to provide an item listed above or to provide no documentation, then the Student Accessibility Center may not be able to proceed with a review of the Housing Accommodation Request.

RIGHTS AND RESPONSIBILITIES OF STUDENTS:

- Students have the right to request a housing accommodation.
- Students have the right to have their request evaluated on a case-by-case basis and have their confidentiality upheld.
- Students are responsible for providing documentation in a timely manner as requested.
- Students requesting accommodations based on a mental health diagnosis will contact the University Counseling Center and follow through with any recommendations.
- Students requesting accommodations based on a medical diagnosis, or mobility issue will notify the University Health Center and Safety Services to ensure a continuum of care, and attention during emergencies or routine safety alerts.
- Students experiencing any temporary disability due to accident or injury should notify Safety Services to ensure care and attention during emergencies or routine safety alerts.

Students will, at times, need to choose between an available reasonable housing accommodation and social concerns, such as not being able to live with their class cohort, their friends, or in a desired residential building on campus.

SINGLE ROOM ACCOMMODATIONS:

Single room accommodations will be considered when accompanied by appropriate documentation supporting the accommodation. The University reserves the right to make final decisions regarding all single room requests for accommodation purposes and to request additional information when a request is insubstantially supported.

In general, the following diagnoses *may* be cause for single room housing accommodation:

- Disorders Involving Muscular Degeneration
- Immunodeficiency Disorders (or need for chronic medication which significantly impacts immune function)
- Sleep Disorders (a full sleep assessment *including* a sleep disorder lab study will be required)

In general, the following *are not* typically reasons to provide single room housing accommodations:

- | | | |
|-------------|---------------------|---------------------------|
| • ADD/ADHD | • Bi-polar Disorder | • Irritable Bowel Disease |
| • Allergies | • Crohn's Disease | • Migraine Headaches |
| • Arthritis | • Depression | • Traumatic Brain Injury |
| • Asthma | • Eating Disorders | • Diabetes |

Students requiring the use of a Service Dog, and those requesting accommodations for Emotional Support Animals, must submit the following documentation to the Housing Coordinator:

- Documentation of the licensure of the animal and tags as required by law or local ordinance.
- Documentation that the animal has had appropriate medical exams and vaccinations through a vaccination certificate or letter identifying the animal, and indicating a clean bill of health and current vaccinations from the animal's veterinary healthcare provider.
- For easy identification please provide the name of the animal and a photo.

Students requesting an accommodation for an Emotional Support Animal must also supply additional verification of necessity provided by the student's professional mental health care provider as indicated on the Emotional Support Animal – Verification of Necessity section of this Housing Accommodation Request.

NOTE: All Service Dogs and Emotional Support Animals must comply with the same Code of Conduct required of students on campus.

ANNUAL SUBMISSION AND REVIEW OF HOUSING ACCOMMODATIONS

The Housing Accommodation Request must be submitted on an annual basis, or if there is a change in the accommodation requirement, unless otherwise determined by the Student Accessibility Center. Due to the limited number of residential facilities on campus, we cannot guarantee housing accommodations for requests to be in specific locations or buildings.

To ensure the best opportunity for priority consideration, it is imperative that students submit the application and all requested documentation by the deadlines indicated below:

Returning Students: One week before the beginning of the housing lottery for the semester the student plans to return.

New Students & Transfers: One month prior to the first day of Fall or Spring classes depending on the semester the student begins.



Housing Accommodation Request Form 1

Form 1: TO BE COMPLETED BY THE STUDENT AND RETURNED TO:

Student Accessibility Center
Ashland University
401 College Ave
Ashland OH 44805
Email: Silvia Henriss at shenriss@ashland.edu / Fax: 419.289.5294

PLEASE PRINT OR TYPE

Date: _____

Local Phone: _____

Student Name: _____

Email: _____

Student ID #: _____

Class Status:
FR SO JR SR Other

Cell Phone: _____

Campus Requesting: Main College of Nursing

Local Address _____
Street City State Zip Code

Housing Accommodation is requested for the: Fall Spring Summer Year: 20__

Request for housing accommodations will need to be submitted each academic year the student plans to live on campus. The University, acting in good faith, reserves the right to request updated documentation at any time.

Have you utilized Ashland University Counseling Services?
____ Yes ____ No

Have you registered with the Student Accessibility Center for other accommodations?
____ Yes ____ No

Please provide a clear description of the requested housing accommodation:

Please explain how the accommodation request relates to your disability/medical condition, or impairment:

By signing this request form, the student agrees that any information/documentation provided in conjunction with this request can be reviewed by appropriate University staff as part of the housing accommodation review process. In addition, the student agrees to grant permission to the licensed physician, psychiatrist, psychologist, or social worker to share information requested by University staff.

STUDENT SIGNATURE _____

DATE _____



Housing Accommodation Request Form 2

FORM 2: Documentation of Housing Accommodation necessity from student's health care provider.

SECTION 1: To be completed by the licensed professional.

Student's Name _____ DOB _____

The above named student is requesting housing accommodations at an Ashland University campus. In order to respond to the student's request, Ashland University requires the information below. It is important that you provide detailed information so the student's request can be given a complete review. Minimal or incomplete information will result in a delayed decision or a denial of the student's request based on insufficient information. The student has been requested to complete a Release of Confidential Information form with your office. Thank you for your time and support in providing assistance for this student

Please complete Section A and B below and return to:

**Student Accessibility Center
401 College Ave.
Ashland OH 44805**

**Email: shenriss@ashland.edu
Fax: 419.289.5294**

SECTION A:

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." **Please provide all of the following information on PROFESSIONAL LETTERHEAD (no prescription pad paper please) and return, along with this form to the above address.**

1. A statement explaining the need for the accommodation and the name and date of the initial evaluation used to determine that need. (It is not necessary to include the diagnosis)
2. The current impact of or limitations imposed by the disability/impairment on the student's major life activities.
3. Treatments, medications, devices, or services currently prescribed, or used in the past to minimize the impact of the disability/impairment.
4. The expected duration, stability, or progression of the disability/impairment and the student's commitment to current and previous treatment plans.
5. State specifically what housing accommodations you recommend and what benefits these accommodations will have in regard to the student's disability/impairment.
6. Is there a current wrap around case being serviced by the health center or counseling center at Ashland University? Is there a current active wrap around plan in place for the student through your office? If so please provide information.
7. Please provide any additional information that you think would be helpful in the evaluation of the student's request for housing accommodations.

SECTION B:

Licensed professional's contact information: (Please print or type)

Name: _____

Licensing Board _____ License Number _____

Phone _____

Office Address: _____

Street

City

State

Zip Code

Licensed Professional's Signature _____

Date: _____

Emotional Support Animal - Verification of Necessity

The student listed below has indicated that you can provide professional third-party verification that keeping an Emotional Support Animal (ESA) in college-owned housing will be helpful in alleviating one or more identified symptoms or effects of the student's disability. So that we may better evaluate the accommodation request for an ESA, please complete this form. Please also note that documentation cannot be provided by a professional who is employed or contracted by Ashland University, or is a relative of the student.

Student's Name: _____

Proposed ESA Name of animal: _____

Type of animal: _____

Age of animal: _____

INFORMATION ABOUT THE STUDENT

A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities." Please state how the mental health diagnosis (es) for which you are treating this student, relates to the request for an ESA. (It is not necessary to disclose the student's diagnosis.)

How long has the student had this mental health diagnosis?

How long have you been working with the student regarding this mental health diagnosis?

How frequently do you have appointments with this student?

What is the expected duration of the diagnosis? Please circle or write length of time.

Six months One year More than one year Lifelong

Does the student require ongoing treatment?

INFORMATION ABOUT THE PROPOSED EMOTIONAL SUPPORT ANIMAL (ESA)

Is this an animal that you specifically prescribed as part of a treatment plan for the student, or is it an animal that you believe will have a beneficial effect for the student while in residence in college housing?

What symptoms will be reduced by having the ESA?

What evidence is there that an ESA has helped this student in the past or currently helps this student?

In your professional opinion, how important is it for the student’s well-being that the ESA be in residence in college housing? What consequences, in terms of disability symptomology, may result if the request is not approved? _____

Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in college housing? Do you believe those responsibilities might exacerbate the student’s symptoms in any way?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. We recognize that having an ESA in college-owned housing can be of benefit to someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community. Please provide contact information, sign and date this form (below), and return the form to:

Silvia Henriss, Director
Student Accessibility Center
Ashland University
401 College Ave
Ashland OH 44805

Email: Silvia Henriss, shenriss@ashland.edu
Fax: 419.289.5294

Name: _____

Licensing Board _____

License Number _____

Phone _____

Office Address: _____
Street City State Zip Code

Licensed Professional’s Signature _____

Date: _____