Housing Accommodation Request, Policy and Procedure

The Student Accessibility Center works in collaboration with the Student Heath 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 completed Housing Accommodation Verification (healthcare provider completes this)

PROCEDURES:

1. The student will submit the completed Housing Accommodation Request (Form 1) to the Student Accessibility Center and request supporting documentation from their licensed healthcare provider (Housing Accommodation Verification).
2. The Student Accessibility Center will notify the student of the receipt of the forms and let the student know if any additional information or documentation is needed.
3. Upon receipt of all the necessary documentation, the Housing Accommodation Review Team (Residence Life Director, Director of Counseling/Heath Center, and the Student Accessibility Center) will determine whether appropriate reasonable accommodations can be made based on the submitted information. The team will review submitted 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 their social life, 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 third-party 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 typical reasons to provide single room housing accommodations:
ADD/ADHD
Allergies
Arthritis
Asthma
Mental Health Disorders
Eating Disorders
Irritable Bowel Disease
Migraine Headaches
Traumatic Brain Injury
Diabetes

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: January 31st for the upcoming academic year.

New Students & Transfers: One month prior to the first day of Fall or Spring classes depending on the semester the student begins.
Ashland University’s Student Accessibility Center (SAC) working in conjunction with the Office for Residence Life provides housing accommodation for students with diagnosed disabilities, mental health and/or medical conditions verified by a healthcare professional. The documentation provided regarding the diagnosis must demonstrate a specific need for a housing accommodation as well as specific information as to why the University cannot reasonably accommodate the student. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional (psychiatrist, psychologist, counselor, therapist, licensed independent social worker, medical doctor, nurse practitioner, etc.) in obtaining the specific information to evaluate eligibility for housing accommodations.

A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally trained, certified, or licensed to diagnosis medical or psychological conditions.

B. All parts of the form should be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.

C. The information you provide will be kept in the student’s file at the Student Accessibility Center and the Office for Residence Life, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student’s housing adjustment.

If you have questions regarding this form, please contact Silvia Henriss, Director, Student Accessibility Center at: 419-289-5904 or shenriss@ashland.edu.

Please note: Students requesting to live off-campus and commute must meet the commuter status criteria set by the University policy available on page 23 of the Student Handbook: https://www.ashland.edu/student-conduct.

For additional information, students can access the Ashland University website at: www.ashland.edu.
STUDENT INFORMATION
(To be completed by the healthcare provider - Please Print Legibly or Type)

First Name: ______________________ Middle: ________ Last: ______________________

Date of Birth: ___________________________

Status (check one): ☐ current student ☐ transfer student ☐ prospective student

Cell phone: (_______) - - - - - - - - -

Official Documented Diagnosis: ____________________________________________

1. Please check which of the following University-provided accommodations and/or services you are recommending for the student due to the specific nature and impact of their diagnosis.

<table>
<thead>
<tr>
<th>Campus Housing Accommodation</th>
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<tbody>
<tr>
<td>Single Dorm Room</td>
</tr>
<tr>
<td>Air-Conditioned Room</td>
</tr>
<tr>
<td>ADA Accessible Suite with building entrance ramp, roll-in shower &amp; private bathroom</td>
</tr>
<tr>
<td>Private Bathroom</td>
</tr>
<tr>
<td>Lower floor dorm room access – first or second floor</td>
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<tr>
<td>Enhanced cleaning prior to arrival</td>
</tr>
<tr>
<td>Individual temperature control in dorm room</td>
</tr>
<tr>
<td>Emotional Support Animals coordinated through SAC</td>
</tr>
<tr>
<td>Apartment living with a full kitchen, private or roommate-shared bathroom</td>
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<tr>
<th>Campus Services</th>
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<tbody>
<tr>
<td>Counseling Services</td>
</tr>
<tr>
<td>Tutoring &amp; Academic Skills Development</td>
</tr>
<tr>
<td>Writing and Communication Center</td>
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<tr>
<td>Dietary Restriction Services &amp; consultation with a Registered Dietician/Nutritionist</td>
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<tr>
<td>Student Health Center Services</td>
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<tr>
<td>Safety Services</td>
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<tr>
<td>Professional &amp; Faculty Advising</td>
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2. Please describe any accommodations you are recommending that the University does not already offer:

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3. If the student is requesting off-campus living, and is not eligible for commuter status, please state the reasons you believe that the University cannot reasonably accommodate the student in campus housing:

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4. Please add any additional comments that you deem helpful or appropriate:

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HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and completely fill in all other fields using PRINT or TYPE)

Provider Signature: _______________________________ Date: ____________

Provider Name (Print):

________________________________________________________________________

Provider Title:

________________________________________________________________________

License or Certification #:

________________________________________________________________________

Address:

________________________________________________________________________

________________________________________________________________________

Phone Number: (_______) - ________ - __________

FAX Number: (_______) - ________ - __________

Email: ___________________________________________

Please return completed form to:

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

Email: shenriss@ashland.edu

FAX: 419-289-5294