



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)

SECTION 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/Health 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 verifying 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 Team 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 and will require specific and thorough third-party documentation:

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.



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 4480S
Email: Silvia Henriss at shenriss@ashland.edu / Fax: 419. 289.S294

PLEASE PRINT OR TYPE

Student Name: _____ Date: _____

Student Name: _____ Email: _____

Student ID #: _____ Class Status (circle one):

Cell Phone: _____ **FR SO JR SR**

Campus Requesting (circle one): **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:** _____



ASHLAND UNIVERSITY

Student Accessibility Center Housing Accommodation Verification Form (To be completed by the student's healthcare provider)

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 Init: _____ Last: _____

Date of Birth: _____

Status (circle one): **Current student** **Transfer student** **Prospective student**

Student Cell phone: _____

Primary Diagnosis: _____ DSM/ ICD Code: _____

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:

Campus Housing Accommodation	<input checked="" type="checkbox"/>
Single Dorm Room	<input type="checkbox"/>
Air-Conditioned Room	<input type="checkbox"/>
ADA Accessible Suite with building entrance ramp, roll-in shower & private bathroom	<input type="checkbox"/>
Private Bathroom	<input type="checkbox"/>
Lower floor dorm room access - first or second floor	<input type="checkbox"/>
Enhanced cleaning prior to arrival	<input type="checkbox"/>
Individual temperature control in dorm room	<input type="checkbox"/>
Emotional Support Animals coordinated through SAC	<input type="checkbox"/>
Apartment living with a full kitchen, private or roommate-shared bathroom	<input type="checkbox"/>
Campus Services	
Counseling Services	<input type="checkbox"/>
Tutoring & Academic Skills Development	<input type="checkbox"/>
Writing and Communication Center	<input type="checkbox"/>
Dietary Restriction Services & consultation with a Registered Dietician/Nutritionist	<input type="checkbox"/>
Student Health Center Services	<input type="checkbox"/>
Safety Services	<input type="checkbox"/>
Professional & Faculty Advising	<input type="checkbox"/>

2. Please provide a statement explaining the student's need for the accommodation, and the name and date of the initial evaluation used to determine that need:

3. Please describe the impact, limitations, and barriers imposed by the student's diagnosis, and how your recommended accommodation will mitigate the impact, limitations, and barriers:

4. Please indicate the treatments, medications, devices or services currently prescribed, or used in the past to minimize the impact of the student's diagnosis:

5. 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:

6. Please add any additional comments and/or attachments that you deem helpful or appropriate:

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