

## REQUEST FOR SPECIAL HOUSING ACCOMMODATION

SUNY Cobleskill recognizes that students with disabilities may require a specific type of housing to fully participate in the residential component of the college experience. For these students, SUNY Cobleskill provides disability housing accommodations in accordance with the Americans with Disabilities Act as amended (ADA 504). A disability is defined under the ADA 504 as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person. The college has established the following procedures to ensure that students with disabilities have equal access to SUNY Cobleskill housing.

Please note the following about the procedures:

- Students must be eligible for college housing in order to be eligible for disability housing accommodations
- Students with service animals, or those requesting permission to have an assistance animal in housing, should also refer to the SUNY Cobleskill's Policy on Privately Owned Animals on Campus for complete information about related policy, procedures, and expectations.
- Students who wish to have either "live-in" or per-diem personal care assistants (PCAs) must be approved for this accommodation before bringing their PCAs to campus.

SUNY Cobleskill strives to provide the best housing arrangement to suit your particular circumstances. A variety of housing options already exist to accommodate special needs and it is important when making housing decisions to consider your needs carefully. We understand that there are exceptions and circumstances in which particular requests and accommodations need to be considered. Your requests for exceptions are evaluated carefully. To proceed with the evaluation process and receive full consideration of your request, **a completed *Request for Special Housing Accommodations* packet and documentation must be submitted to the Coordinator of AccessABILITY Resources, E-mail: [dss@cobleskill.edu](mailto:dss@cobleskill.edu) Fax: 518.255.6430, according to the following deadlines:**

**Continuing Students:**

March 1 for following Fall semester

**New Students:**

June 1 for following Fall semester

November 15 for following Spring semester

Any requests received after the dates listed above or during the course of a semester will be given consideration, but it must be acknowledged that accommodation is difficult after deadline dates and in the middle of an academic year. Any refunds due may be pro-rated to the date of receipt of documentation.

\*\* Please note that, while your preferences will be considered, specific areas and types of rooms are not guaranteed.

**Incomplete applications or those without disability documentation will not be considered.**

**This packet includes:**

1. Documentation of the condition or need that is the basis of the request (Health Care Provider Form attached).
2. A clear description of what type of housing configuration option is being requested.
3. An explanation from the health care provider with sufficient contemporary documentation as to how the request directly relates to the underlying condition and the request for housing accommodations.
4. Possible alternatives if the recommended assignment is not possible.



**There are two forms which must be completed:** HEALTH CARE FORM FOR STUDENTS REQUESTING SPECIAL HOUSING ACCOMODATION; and HEALTH CARE PROVIDER FORM.

#### **DOCUMENTATION**

To accurately and fairly evaluate requests for housing options based on disability needs, SUNY Cobleskill requires documentation. This documentation consists of an evaluation by an appropriate medical professional that relates the current impact of the condition to the request. This documentation will serve as supplement to previously submitted Health and Immunization Record Forms and gives the Coordinator of AccessABILITY Resources (or his/her designee) permission to discuss your specific circumstances with medical/mental health professionals.

#### **Documentation Guidelines**

- 1.** A diagnostic statement including the date of the most recent evaluation.
- 2.** The current impact or limitations imposed by the condition.
- 3.** Equipment or space need requirements.
- 4.** The expected duration of the condition.
- 5.** The credentials of the diagnosing professional.
- 6.** Recommendations from the professional about the housing configuration or dining option, and a statement of the level of need for (or consequences of not receiving) the recommendation.

## Housing Accommodation Request Form

### Health Care Provider Form

Student's Name \_\_\_\_\_

Students with documented long-term, permanent or temporary disabilities or serious medical conditions may request housing accommodations. To be eligible for housing accommodations the student must have a disability, the disability must be medically documented, and the disability must necessitate adjustments to the living environment.

Residential Life will make every effort to accommodate housing requests for students who acquire a disability or medical condition after room assignments are made; however, some accommodations may be limited by housing availability at the time.

**This section to be filled out by a licensed medical or mental health professional:**

**Information about the student's disability:** *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.*

1. What is the disability or medical condition that requires the student to have a housing accommodation?

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2. When was the student diagnosed?

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3. Is the student currently under your care for this **specific diagnosis**?

Yes     No

4. When did you last see him/her? \_\_\_\_\_

5. Have you seen this student and evaluated the condition within the last 3 months of the start of the recommendation for this accommodation? \_\_\_\_\_

6. How long have you been working with the student regarding this diagnosis? \_\_\_\_\_

7. Major Life Activities Assessment: Please indicate which of the student's major life activities listed below are **substantially** affected, necessitating an accommodation.

<b>Life Activity</b>	<b>Substantial</b>	<b>Not Substantial</b>		<b>Substantial</b>	<b>Not Substantial</b>
Talking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Performing Manual Tasks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Interacting with Others	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Caring for oneself	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Standing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Sleeping	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Working	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Learning	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reaching	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Reading	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Lifting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Thinking	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Sitting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Concentrating	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Walking	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Memorizing	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Seeing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Communicating or	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Writing	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

Other (please specify):

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8. In regard to the student's condition, please describe why a **room accommodation** is a necessity/requirement?

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9. If the student was to not have this accommodation, would they no longer be able to attend SUNY Cobleskill?

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10. As related to the student's housing accommodations, are there any additional equipment or space needs required?

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11. Is this housing accommodation necessary for the semester or the entire academic year?

- Current semester only
- Entire academic year



SUNY  
**Cobleskill**  
Real Life. Real Learning.

Signature of licensed medical or mental health professional: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name and Title Certification or License # \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Fax # \_\_\_\_\_