

Ohio Wesleyan University is committed to making reasonable accommodations in our residences for medical or psychological conditions of which a licensed health care provider has diagnosed a student. The Residential Life Office in consultation with university personnel including representatives from Counseling Services, and the Accessibility Services Office makes these accommodations. In rare circumstances when the university is unable to make reasonable accommodations on campus as determined by these university personnel, the student will be granted an exemption from the residency requirement.

Ohio Wesleyan University requires supporting documentation from an appropriately licensed professional who specializes in the specific disability, and with whom the student is currently in treatment. The specialist must outline how the request for accommodation supports the student's needs. The attached forms, which are designed to assist the student and professional in providing the necessary information, are required. Ohio Wesleyan University reserves the right to request additional information if needed to evaluate the request. Please be advised that a diagnosis of a medical or psychological condition **does not** automatically qualify the student for a housing accommodation and that in some cases, alternative reasonable accommodations (other than those requested) may be offered.

General Information

The Housing Accommodation Committee convenes to review Housing Accommodations Requests. The committee is made up of university administrators with knowledge and expertise to review the documentation to determine whether the university can make a reasonable accommodation (medical single, room modification, etc.) within the university owned residential facilities or if the student should be released from the residency requirement. All **priority deadline** requests for accommodation must be received by the following dates in order to process your request:

- **November 1st for spring semester**
- **March 1st for fall semester (returning students)**
- **July 1st for fall semester (incoming students)**

Outside of the priority deadlines, the committee will review applications in rare circumstances. While requests submitted after these dates will be accepted and considered, we cannot guarantee that the Residential Life Office will be able to meet applicants' accommodation needs.

Materials Required

These requests are reviewed based upon a severe medical or psychological disability, which directly interferes with the student's ability to live in a traditional residential community. The following conditions and documentation are required for a Housing Accommodation Request to be reviewed. Assistance is available from university personnel, if needed, in completing this written request.

1. Student must complete a **Request for Housing Accommodation form**
2. Student must complete an **Authorization for Release/Request of Confidential Information**
3. Diagnosing and treating Physician(s) or Psychologist(s) and any additional medical professionals that specialize in the reported disability must complete the **Housing Accommodation Request Medical Documentation form**
4. The student is to submit a typed **personal statement** identifying the rationale for the requested accommodation(s). The statement should include specific information about how the student's documented condition is directly related to their inability to live in a traditional residential community. The typed statement should not exceed 500 words.

Billing

- If a reasonable housing accommodation cannot be made without increasing a student's housing category, the University will provide the accommodation without an increase in cost.
- Ohio Wesleyan University reserves the right to assign students to a residential building that meets the accommodation, even if that space is not in the student's preferred residential community. However, student preferences will be taken in to consideration when possible.
- Students who receive a single room as an accommodation will be charged the multiple occupancy rate, unless the single is located in an apartment unit.
- Students who receive a single room as an accommodation and who prefer to live in an apartment unit with a single bedroom (i.e. seniors) will be charged the single occupancy apartment room rate for the room unless no other medical singles are available elsewhere on campus. If a single in an apartment unit is the only option available to meet the accommodation need for that student, the student will be charged a multiple occupancy room rate for the room.

Noteworthy Reminders

- The student must have been involved with ongoing treatment for the given medical or psychological disability. Documentation of treatment must be current (within the past 6 months).
- Missing information and incomplete documents will not be returned as incomplete and will not be reviewed by the committee. Individuals will be notified if their application is incomplete or insufficient and in what way.
- All decisions of the Housing Accommodation Committee are considered final based upon the authority and support provided by the University administration.
- The desire to have a quiet, undisturbed place to study is insufficient to warrant a special housing accommodation.

Housing Accommodation Request

This page is for your information and should not be submitted with your final request.

ACCESSIBILITY SERVICES
OFFICE
316 Corns Hall
Delaware, Ohio 43015
PHONE: 740-368-3990
FAX: 740-368-3499
EMAIL: aso@owu.edu

Housing Accommodation Request

TO BE COMPLETED BY THE STUDENT (Please type or print legibly):

Last Name: _____ First Name: _____ MI: _____

Student ID Number: _____ Gender: Male Female Other (specify) _____

Current Campus Address: _____

Cell Phone Number: _____ Email Address: _____

Semester Requested: _____ Class Rank: Freshman Sophomore Junior Senior

Ohio Wesleyan University is a residential university with a fully developed co-curricular program, which is not only supportive of the institution's academic program, but also stands alone as an important growth-producing part of each student's Ohio Wesleyan education. Group living in the residential facilities is an integral part of the liberal arts education process of the University. It provides an opportunity to develop those qualities of character which are descriptive of a responsible and mature person. It should be noted that exceptions to the residential policy are **extremely rare**, and having a documented disability in and of itself is not considered adequate for granting special housing accommodations. **Exceptions to the residency requirement are only offered when there is clear evidence of a substantial and severe disability that directly interferes with their ability to live in a residence hall, clear and consistent support by the healthcare provider who specializes in the reported disability or from a qualified professional who has made an individualized assessment of a person with a non-obvious disability verifying that the person has a disability and supports the need for disability-related services, the student's personal statement, and clear evidence that the student has already engaged in ongoing and current psychological or medical treatment appropriate for addressing their condition without adequate success.** Requests of students who have not followed through on ongoing treatment will not be considered. All requests for special housing accommodations will be reviewed in accordance with the guidelines set by the American with Disabilities Act, as amended, Section 504 of the Fair Housing Act, and Section 504 of the Rehabilitation Act.

Any student wishing to make a housing accommodation request is required to complete and submit this form to the Accessibility Services Office with supporting documentation. The Housing Accommodation Committee will meet after each posted deadline and requests that are not complete at that time will not be reviewed. It is the responsibility of the student making the request to answer all of the following questions and to provide all of the necessary documentation.

The following housing accommodations are available. Please specify which accommodation(s) is/are requested:

- Single Room * Private bathroom Residence with kitchen facilities
- Housing Exemption/Off Campus Release** Other: _____

*A medical single room is billed at the multiple occupancy room rate, unless the single is located in an apartment unit.

****Extremely rare and only after all on campus alternatives have been exhausted.**

Due to conflict of interest, immediate family members/guardians may not serve as providers of medical/psychological evaluation. All documentation must be submitted in English. Decisions will be made in writing.

The decision of the Housing Accommodation Request Committee is final. Student may re-submit the request, only if new information is available.

In order to best meet the needs of the student, it is necessary for members of the Housing Accommodation Request Committee to review information submitted on request. Professionalism and sensitivity to the student's situation will remain an utmost concern. The information submitted will not be released to any other parties without the written consent of the student.

ACKNOWLEDGEMENT:

I have read and understand all information contained in the Housing Accommodation Request packet. I understand that my request is not approved until I am notified of the decision of the Housing Accommodation Request committee and that, if approved, I may be required to re-apply for accommodations each academic year.

Sign Name: _____ Date: _____

Date

Dear Health Care Provider:

Your patient, named below, is a student at Ohio Wesleyan University and is requesting consideration for a housing accommodation based upon medical and/or psychological need. Ohio Wesleyan University is a residential university with a fully developed co-curricular program, which is not only supportive of the institution's academic program, but also stands alone as an important growth-producing part of each student's Ohio Wesleyan education. Group living in the residential facilities is an integral part of the liberal arts education process of the University. It provides an opportunity to develop those qualities of character, which are descriptive of a responsible and mature person.

To this end, all students are expected to live on campus throughout their academic career, unless the student has a substantially limiting medical or psychological disability, which interferes with the student's ability to live in a traditional residential community with or without appropriate accommodations. Accommodations need not be provided if they fundamentally alter Ohio Wesleyan University's program or constitute an undue hardship. The most common types of housing accommodation requests are for single rooms or for exemptions to the residency requirement, however other types of accommodations on campus are available and are listed on page 3 of this form. It should be noted that exceptions to the residential policy are **extremely rare**, and having a documented disability in and of itself is not considered adequate for granting special housing accommodations. **Exceptions to the housing policy are offered when there is both clear evidence of a substantial and severe disability that directly interferes with their ability to live in a residence hall, and clear evidence that the student has already engaged in ongoing and current psychological or medical treatment appropriate for addressing their condition, without adequate success.** Requests are reviewed in accordance with the guidelines set by the American with Disabilities Act.

As a part of the accommodation request review process, the University requires supporting documentation from an appropriately licensed professional who **specializes in the reported disability**. The professional must outline how a housing accommodation supports the active treatment of the medical and/or psychological needs of the student. The information that you provide will be reviewed by the Housing Accommodation Request committee, which consists of representatives from Residential Life, Counseling Services, and the Accessibility Services Office. While the university requires supporting documentation from you as a treating healthcare provider, it is ultimately the university's responsibility to decide whether an accommodation will be provided and how. Please return this form to the student or to the Accessibility Services Office via email or fax (contact information is shown in the letterhead of this form). In addition to the requested information, you may attach any other information that you believe is relevant to the student's housing accommodation request. **Please complete this form entirely; do not substitute attached records for responses on this form or simply note that the information is contained in attachments.** Thank you for your assistance.

TO BE COMPLETED BY THE STUDENT:

Student Name (Printed): _____

Date of Birth: _____

Authorization to release information:

I, the above named student, authorize my health care provider to supply Ohio Wesleyan University with any information in my records pertinent to my request for a housing accommodation including, but not limited to information requested on this form. I authorize my provider to supply additional information pertinent to this matter at the request of Ohio Wesleyan University officials and understand that Ohio Wesleyan University may request additional and/or updated information at any time. I agree that information provided in conjunction with this request may be reviewed as necessary by appropriate Ohio Wesleyan University staff to determine the response.

Student Signature: _____

Date: _____

TO BE COMPLETED BY THE HEALTH CARE PROVIDER:

Please answer the following questions (*please type, print legibly, or provide typed answers separately if the space provided is not sufficient*):

1. Date of initial diagnosis _____
2. Current diagnosis and relevant code _____
3. Do you specialize in the student's reported disability? Yes No
4. Do you provide ongoing care for this student's reported disability? _____
5. What was your most recent date of contact with the student? _____
6. How often do you meet with the student regarding the reported disability? _____
7. Please state diagnostic criteria and/or tests used:
8. Please list all medications and therapies, including OTC and non-medication treatment (including therapeutic treatment, if applicable), which the student is currently using to manage this condition. Include dosage, frequency, and adverse side effects.
9. How do current medications and/or treatments mitigate the functional impact of the condition?
10. How frequently is the student affected by this condition?
 Daily Weekly Monthly seasonally Other (specify) _____
11. What major life activity (i.e. walking, seeing, hearing, breathing, self-care) does the condition substantially limit? **Please describe the actual functional limitation of this condition.**
12. Are there any environmental conditions that might lead to the exacerbation of the condition? Yes* No
*If "YES" please explain:
13. Describe the current impact of the condition, including the negative health impact that may result if housing accommodation requests are not met. **Please be specific as the student's documented condition must be directly related to his/her inability to live in a traditional residential community, which you as a medical provider are certifying cannot be remedied in any other way** (i.e. ongoing treatment, medication, etc.).
14. How does the student's condition impact his/her ability to function effectively in a residence hall environment with roommates?

15. The following housing accommodations may be available. Please specify which accommodation(s) you recommend: (please check all that apply).

- Single Room * Private bathroom Residence with kitchen facilities
- Housing Exemption/Off
Campus Release**

* A medical single room is billed at the Tier 1 room rate, unless the single is located in an apartment unit.

****Extremely rare and only after all on campus alternatives have been exhausted.**

16. If the recommended accommodation(s) is/are not possible, what alternative reasonable accommodations can address the stated needs?

A disability is defined under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as a physical or mental impairment that substantially limits a major life activity. Examples of major life activities are: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working. (This list is not exhaustive.)

I, the undersigned professional, certify that the above-named student meets the definition of a disability (an impairment that substantially limits a major life activity) as defined by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

I certify that my relationship with the student is as a medical provider, and I have no other non-professional relationship with this student.

Please include a signed copy of official letterhead along with this application.

Name: _____ Degree: _____

State License Number or Professional Certification Information: _____

Office Address and Phone Number (Stamp or write below):

Attach Office/Personal Business Card Here