

McDaniel College Student Accessibility and Support Services
Housing Accommodations Provider Form

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL:

Your patient/client has requested housing accommodations through Student Accessibility and Support Services (SASS) while attending McDaniel College. In order for reasonable accommodations to be provided, additional information is required to address the barriers a student's disability may cause while living in residence halls. 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." Major life activities may include, but are not limited to seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, thinking, concentrating, reading, communicating, etc. A temporary impairment may include a severe illness, injury, or condition caused by a traumatic event. General information regarding the disability does not necessarily provide sufficient information regarding the barriers.

A typical housing assignment at McDaniel College consists of two- or three- persons in a room with a communal bathroom in the hallway. A reasonable housing accommodation for a documented disability is not the same thing as needing a quiet space to study or having particular living preferences. Student residence halls are not designed to be academic spaces and students needing a quiet place to study should utilize the library, study rooms, or other quiet spaces on campus. Roommate differences can be addressed by the Office of Residence Life through roommate mediation, roommate agreements, or if necessary, a room change.

However, students with physical disabilities (e.g. wheelchair users, mobility impairments, etc.), sensory disabilities (e.g. blind, deaf, etc.), or chronic health issues may need additional support to ensure accessible housing.

The student must be under active care or therapeutic treatment with the provider. Documentation must clearly specify the functional limitations of the severe or chronic disabling condition and how it impacts the student's living environment. Providers will be asked to indicate whether the requested accommodation is medically beneficial or medically necessary. If you have questions, please feel free to contact our office at sass@mcdaniel.edu or call 410-857-2504.

Please complete the following "McDaniel College Housing Accommodation Request – Provider Form" and return to sass@mcdaniel.edu or mail to:

Student Accessibility and Support Services
McDaniel College
2 College Hill
Westminster, MD 21157

McDaniel College Housing Accommodation Request Provider Form

Student Name: _____ DOB: ____/____/____

Last appointment with student: ____/____/____

Medical Provider Information:

Medical Provider Name: _____

Credentials/Licensing: _____

Provider Practice Name and Address:

Practice Name: _____

Street address: _____

P.O. Box: _____ City: _____ State: _____ Zip code: _____

Office email: _____ Office phone number: (____)-____-____

Requested housing accommodations:

Please indicate if beneficial or necessary:

- Air conditioning
- Single room
- Other: _____

- Medically Beneficial
- Medically Beneficial
- Medically Beneficial

- Medically Necessary
- Medically Necessary
- Medically Necessary

Please list all the diagnosed disabilities for your patient/client that pertain to the housing accommodation request:

*If additional diagnoses need to be documented, please see the last page for additional space.

Diagnosis:	Please provide a description of the connection between the diagnosis and the need for the requested housing accommodations:
Diagnostic code (if applicable):	

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Are there any specific factors that could exacerbate symptoms of the diagnosis(es) outlined above (e.g. stairs, carpeting, accessible bathrooms, etc.)

- Yes
 - Stairs
 - Carpet
 - Accessible bathrooms
 - Other: _____
- No

Is the student at risk during an emergency evacuation of the residence hall (e.g. a fire)?

- Yes
Please explain: _____
- No

Is the student currently engaging in any treatment for the diagnosis(es) outlined above (e.g. therapy, medication, medical equipment required provided by the student, etc.)

- Yes
 - Medication (please list types, dosage, & frequency): _____
 - Therapy (please list frequency): _____
 - Medical equipment required (please list): _____
 - Other (please describe): _____
- No

Please provide any additional information that may be pertinent or helpful to barriers the student's disability may cause while living on campus: _____

Signature of Medical Provider

Date

Additional space for diagnoses:

Diagnosis:	Please provide a description of the connection between the diagnosis and the need for the requested housing accommodations:
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