

REQUEST FOR SPECIAL HOUSING ACCOMMODATION

INFORMATION FOR FAMILY

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: AccessABILITY@cobleskill.edu Fax: 518.255.6430, according to the following deadlines:

Continuing Students:

March 1 for following Fall semester

November 15 for following Spring semester

New Students:

June 1 for following Fall semester

November 15 for following Spring semester

Housing accommodations are granted for the academic year Fall to Spring. Continuing students will need to reapply for housing accommodations by the Fall deadline, March 1.

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.**

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 which explains how the request relates to the impact of the condition.
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 Committee on Housing Accommodations 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. Medications, treatments, devices, or services currently prescribed or used to minimize the impact of the condition.
 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.
- Please note that we have very few single rooms on campus; as such, it is important to use these forms to communicate a student's **needs and limitations** and not request a specific type of room.

Committee Review:

Requests are considered by The Committee on Housing Accommodations, which is comprised of staff from the offices of AccessABILITY Resources, Residential Life, Wellness Center, Facilities Management and Dining Services. The Committee evaluates, among other things, the student's disability status, the necessity of the requested accommodations, potential alternative accommodations, and what, if any, housing accommodations would be appropriate for the student. Students are informed of the status of their request by way of their Cobleskill email.

Appeal Procedures: Students who are not granted housing accommodations through this process will have the opportunity to appeal the Committee's decision. If a decision denying the request for housing accommodations is made, students will receive information about the appeals process with their decision letter. All requests for appeal are reviewed by Mrs. Lynn Berger Director of EMP Relations/Affirmative Action. Appeals will need to be submitted within five business days after receiving notification.

Students not approved for housing accommodations, or whose appeal is denied may apply for an assignment or a transfer through standard housing procedures.

HEALTH CARE FORM FOR STUDENTS REQUESTING SPECIAL HOUSING ACCOMMODATION

Student Completes this Form (Please print or type)

Semester Student is Requesting Housing Accommodations Fall Spring 20__

Student Last Name First Name MI Cobleskill ID# Sex Male/ Female

Date of Birth Date of First Semester at Cobleskill Semester Student is requesting accommodations for

Home Address Street Apt/PO Box City State Zip

Home Phone Local Phone

Local/Campus Address (If different than above) Street Apt/PO Box City State Zip

Please answer the following questions (Attach additional sheets as needed):

What specific type of housing option do you request?

Explain how the stated request above relates to your condition.

What are the possible alternatives if the recommended assignment option is not possible?

Authorization to Receive Information: I authorize members of the staff of AccessABILITY Resources, of the Vice President for Student Affairs and of the Residential Life Office to receive information from the provider below, specific to this request. I also authorize my provider to discuss my condition(s) with the Coordinator of AccessABILITY Resources (or his/her designee).

Provider Name Provider Phone

Provider Address Street Apt/PO Box City State Zip

Student Signature (Parent Signature, if Student under 18) Date

HEALTH CARE PROVIDER FORM

Health Care Provider Completes this Form (Please print or type)

Student Last Name	First Name	MI
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SUNY Cobleskill provides accommodations and support services to students diagnosed with disabilities. A student's documentation regarding their condition must demonstrate they have a disability covered under the Americans with Disabilities Act (ADA; 1990). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the diagnosing physical or mental health care provider. The provider completing this form cannot be a relative of the student. Items 1 through 6 must be completed in full. If space provided is not adequate, please attach additional sheets. The provider may also attach a report providing additional related information.

- 1) List the student's medical condition/diagnosis.
 - a) How long has the student had this condition?
 - b) What is the severity of the condition?
 - c) How long is this condition likely to persist?
- 2) Describe the symptoms related to the student's condition that caused significant impairment in a major life activity.
- 3) List the student's current medication(s), dosage, frequency and possible adverse side effects.
- 4) Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes/No
If yes, please describe.

Does the student have a disability, as defined in the first paragraph, as a result of this condition? Yes /No

If yes, please state the specific recommendations regarding housing and dining accommodations and a rationale as to why these accommodations are warranted based on the student's functional limitations. Indicate why the housing accommodations you recommend are necessary (If you suggest a private bathroom, for example, state the reasons for this request as related to the student's disability).

- 5) If current treatment (e.g. medications) is successful, why are the above accommodations necessary?

Please attach any additional information you may feel helpful to us in assisting the student.

Signature of provider	Date
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Name/Title (Please print)	License #	State
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Address	City	State	Zip
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Phone	Fax
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