

## 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?

---

---

---

---

---

2. When was the student diagnosed?

---

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):

---



---



---

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

---



---



---

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

---



---

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

---



---

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 # \_\_\_\_\_