

HOUSING or MEAL PLAN ACCOMMODATION REQUEST

In order to evaluate how we can best meet your needs, we require specific information from both you and your examiner. In order to receive housing accommodations, you must complete and sign the first portion of this form, requesting an accommodation and giving Health and Outreach and Residential Life permission to speak to your healthcare professional. Your healthcare professional must complete the rest of this form, sign it, and return the completed packet to the above address. Note: he/she may also fax the form and any additional information (see fax number above), or scan and email it to housing@franklinpierce.edu. The information is kept confidential and is only used to evaluate accommodation requests. Each student's situation is evaluated individually.

In addition to the basic documentation about a medical condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating a request. You may also include additional health records or other evidence supporting your need for a housing accommodation.

Factors we consider when evaluating requests for housing accommodations:

- Is the impact of the condition life-threatening if the request is not met?
- Is the request an integral component of a treatment plan prescribed by a medical professional for the condition in question?
- Was the request made with the initial housing request by the deadline?
- Is space available to meet the student's need?
- Can space be adapted without creating a safety hazard?
- Are there other effective means that would achieve similar benefits as the requested accommodation?
- How does meeting the need impact housing commitments for other students?

Note: *Housing Accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify, the student must have a current condition that substantially limits a major life activity, and the accommodation request must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations.*

STUDENT SECTION (Please print or type)

Housing Application Academic Year:

Date:

Student ID:

Student Name (last, first, middle):

Date of Birth:

I Identify my Gender as:

Are you a new freshman, returning student or transfer student:

Current Campus Address (if applicable):

Home Address:

Phone Number:

Email Address:

Accommodation requested:

AUTHORIZATION TO RECEIVE INFORMATION

I authorize the Franklin Pierce University, Health and Outreach, to receive information from the professional who fills out this Housing and Meal Plan Accommodation Request form, and for him/her to discuss my condition(s) with the Health and Outreach office if necessary.

Student Signature:

Date:

MEDICAL PROFESSIONAL SECTION

This section is to be completed by the student's healthcare provider.

The Medical Professional can email the completed portion to housing@franklinpierce.edu or fax it to 603-899-1050

Student's Name:

History of presenting problem and current medical condition/diagnosis:

Expected duration of the condition:

Describe the symptoms related to the medical condition that cause significant impairment to a major life activity (i.e. walking, eating, breathing, sleeping, seeing, hearing, learning, socializing). Please relate it to accommodations requested.

List the current medication(s) the student has been prescribed and any adverse side effects.

Are there any other factors that contribute to this student's need for the requested accommodation?

Please list below your recommendations regarding housing/meal accommodations for this student. Housing accommodations are based upon the student's functional limitations and level of need.

Further explanation for any of the above:

*****PLEASE ATTACH ANY ADDITIONAL DOCUMENTATION THAT MIGHT BE HELPFUL (e.g., medical file notes, test results, etc.)**

Housing and Meal Plan Accommodation Request Form

Name of Professional (please print):

Signature of Professional:

Date:

License No.:

State:

Address:

Phone:

Email:

FOR OFFICE USE ONLY

Date request received:

Request sent to:

Health and Outreach

Residential Life

Sodexo Dining Services

Comments by individual reviewing request:

Accommodation.

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Made

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Denied

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Signature of Reviewer:

Date:

Email sent to student:

Date:

Email sent by: