



Disability-Related Housing Accommodations Request Form

The Office of Accessibility at The University of Akron evaluates requests for housing accommodations for students with disabilities on behalf of the Office of Residence Life and Housing.

Requests for accommodations related to Residence Life and Housing should be completed through the Office of Accessibility's New Student Application, found at www.uakron.edu/access.

In order for accommodation requests to be considered for housing assignments, students must submit documentation of a **current impairment(s) that substantially limits a major life activity**. This documentation should be submitted via the New Student Application as soon as possible, preferably at the time the Housing Contract is submitted to the Department of Residence Life and Housing.

The Office of Accessibility will determine whether the current impairment qualifies under the Americans with Disabilities Act and whether reasonable housing accommodations are warranted. Final decisions regarding specific accommodations and how they will be implemented will be made after consultation between the Director of Residence Life and Housing and the Director of the Office of Accessibility or their designees.

Steps for Disability-Related Housing Accommodation Requests

1. Complete the Housing Application found on Residence Life and Housing's Disability-Related Housing Request Form to the New Student Application.

3. Once the completed documentation is received, the Office of Accessibility will contact the student to explain the next step.

If you have questions related to the housing contract, deadlines, or approval process for Personal Care Assistants please contact Sean McNalley, Assistant Director of the Office of Residence Life and Housing at (330) 972-7800.

Please note: The University of Akron does not provide services related to personal care assistance. It is the responsibility of the student to provide for the cost and coordination of personal care assistance while attending and/or in residence at the University. For more information about the Personal Care Assistance policy, please refer to the Office of Accessibility's website www.uakron.edu/access or call (330) 972-7928.

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TO BE COMPLETED BY CERTIFIED TREATMENT PROFESSIONAL

Name of Student: _____ Date of Birth: _____

A. Relevant Diagnosis: _____

Diagnosis Date: _____

Date of last evaluation or clinical contact: _____

Tests/Assessments used to diagnose condition(s) (e.g., MRI, Spinal Tap): _____

The condition is: ____ permanent ____ temporary (*anticipated duration*)

B. In your opinion, does any impairment listed above have a **functional limitation that substantially limits a major life activity in the college residential environment?** _____ Yes _____ No

If yes, specify here: _____

C. Please list current prescribed medication(s), dosage, frequency, and possible side effects of the medication(s)

F. Could this student be at risk during an emergency evacuation? _____ Yes _____ No

If yes, please explain: _____

In an effort to best meet the individual needs of the student as it relates to disability-related housing accommodations, it is often necessary for the Office of Accessibility to gather additional information from treatment professionals. In this section, we provide you with areas to consider when thinking about the types of accommodations that may be the most helpful to students.

G. Please provide additional information in the space provided below. Please indicate if you are a student or a professional. (a) Student (b) Professional (c) Other (d) Not sure (e) Other

H. To your knowledge, will the student have a Personal Care Assistant (PCA)? ____Yes ____No

If yes, please indicate the frequency (i.e., daily, morning, evening, etc.) of care that the student will likely need. This information will be used to aid the Office of Residence Life and Housing in assessing the type of access (i.e., key card, etc.) the student's PCA will need in order to assist the student if they reside in a residence hall. This information can also be used to help the student's disability specialist assess the student's needs further when determining academic accommodations, etc.

Frequency: _____

Treatment/Assessment Professional Information

Printed Name and Title: _____

Licensing credential, number, and state: _____

Provider Signature: _____ Date: _____

Agency/Practice: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

My signature verifies that I am the treatment/assessment professional and that the contents are accurate.

Please note: The Office of Accessibility will not accept disability-related documentation from treatment professionals who are related, in any way, to the student requesting services. In order to provide the appropriate analysis to documentation received, the Office of Accessibility must be able to rely on treatment professionals with the highest capacity for objectivity.

The information provided is maintained in the Office of Accessibility according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please return the completed form to the student.

Office of Accessibility • The University of Akron
Voice: (330) 972-7928 •
Email: access@uakron.edu • Website: www.uakron.edu/access