

Ohio Wesleyan University is committed to making reasonable accommodations in our residences for medical or psychological conditions of which a student has been diagnosed by a licensed health care provider. These accommodations are made by the Residential Life Office in consultation with university personnel including representatives from Student Health Services, Counseling Services, and the Accessibility Services Office. In rare circumstances when the university is unable to make reasonable accommodations on campus as determined by these university personnel, the student will be granted an exemption from the residency requirement.

Ohio Wesleyan University requires supporting documentation from an appropriately licensed and qualified professional who assessed and diagnosed the student's condition and/or is part of the student's treatment plan for a previously diagnosed condition. The health care professional must outline how the request for accommodation supports the student's needs. The attached forms, which are designed to assist the student and professional in providing the necessary information, are required. Ohio Wesleyan University reserves the right to request additional information if needed to evaluate the request. Please be advised that a diagnosis of a medical or psychological condition **does not** automatically qualify the student for a housing accommodation and that in some cases, alternative reasonable accommodations (other than those requested) may be offered.

General Information

The Housing Accommodation Committee convenes to review Housing Accommodations Requests. The committee is made up of university administrators with knowledge and expertise to review the documentation to determine whether the university can make a reasonable accommodation (medical single, room modification, etc.) within the university owned residential facilities or if the student should be released from the residency requirement. All **priority deadline** requests for accommodation must be received by the following dates in order to process your request:

- **November 1st for spring semester**
- **March 1st for fall semester (returning students)**
- **July 1st for fall semester (incoming students)**

Outside of the priority deadlines, the committee will review applications. While requests submitted after these dates will be accepted and considered, we cannot guarantee that the Residential Life Office will be able to meet applicants' accommodation needs.

Materials Required

These requests are reviewed based upon a substantially limiting medical or psychological disability which interferes with the student's ability to live in a traditional residential community. The following conditions and documentation are required for a Housing Accommodation Request to be reviewed:

1. Student must complete a **Request for Housing Accommodation form**
2. Student must complete an **Authorization for Release/Request of Confidential Information**
3. An appropriately licensed and qualified professional who assessed and diagnosed the student's condition and/or is part of the student's treatment plan for a previously diagnosed condition must complete the **Housing Accommodation Request Medical Documentation form**
4. The student is to submit a typed **personal statement** identifying the rationale for the requested accommodation(s). The statement should include specific information about how the student's documented condition is directly related to their inability to live in a traditional residential community. The typed statement should not exceed 500 words.

Billing

- If a reasonable housing accommodation cannot be made without increasing a student's housing category, the University will provide the accommodation without an increase in cost.
- Ohio Wesleyan University reserves the right to assign students to a residential building that meets the accommodation, even if that space is not in the student's preferred residential community. However, student preferences will be taken in to consideration when possible.
- Students who receive a single room as an accommodation will be charged the multiple occupancy room rate, unless the single is located in an apartment unit.
- Students who receive a single room as an accommodation and who prefer to live in an apartment unit with a single bedroom (i.e. seniors) will be charged a Tier 3 rate for the room unless no other medical singles are available elsewhere on campus. If a single in an apartment unit is the only option available to meet the accommodation need for that student, the student will be charged a multiple occupancy residence hall rate for the room.

Noteworthy Reminders

- Missing information and incomplete documents will not be returned as incomplete and will not be reviewed by the Housing Accommodation Committee.
- All decisions of the Housing Accommodation Committee are considered final based upon the authority and support provided by the University administration. However, pursuant to Section 504 of the Rehabilitation Act, a student may grieve any decision that the student contends constitutes disability discrimination by following Ohio Wesleyan University's established grievance procedure.
- The desire to have a quiet, undisturbed place to study is insufficient to warrant a special housing accommodation.

Housing Accommodation Request

This page is for your information and should not be submitted with your final request.

ACCESSIBILITY SERVICES
OFFICE
316 Corns Hall
Delaware, Ohio 43015
PHONE: 740-368-3990
FAX: 740-368-3499
EMAIL: slowlan@owu.edu

Housing Accommodation Request

TO BE COMPLETED BY THE STUDENT (Please type or print legibly):

Last Name: _____ First Name: _____ MI: _____

Student ID Number: _____ Gender: [] Male [] Female [] Other (specify) _____

Current Campus Address: _____

Cell Phone Number: _____ Email Address: _____

Semester Requested: _____ Class Rank: [] Freshman [] Sophomore [] Junior [] Senior

Ohio Wesleyan University is a residential university with a fully developed co-curricular program, which is not only supportive of the institution's academic program, but also stands alone as an important growth-producing part of each student's Ohio Wesleyan education. Group living in the residential facilities is an integral part of the liberal arts education process of the University. It provides an opportunity to develop those qualities of character which are descriptive of a responsible and mature person. It should be noted that having a documented disability in and of itself is not considered adequate for granting special housing accommodations. Exceptions to the residency requirement are only offered when there is a substantially limiting medical or psychological disability which interferes with the student's ability to live in a traditional residential community, supporting documentation from an appropriately licensed and qualified professional who assessed and diagnosed the student's condition and/or is part of the student's treatment plan for a previously diagnosed condition, and the student's personal statement. All requests for special housing accommodations will be reviewed in accordance with the guidelines set by the American with Disabilities Act, as amended, and Section 504 of the Fair Housing Act

Any student wishing to make a housing accommodation request is required to complete and submit this form to the Accessibility Services Office with supporting documentation. The Housing Accommodation Committee will meet after each posted deadline and requests that are not complete at that time will not be reviewed. It is the responsibility of the student making the request to answer all of the following questions and to provide all of the necessary documentation.

The following housing accommodations are available. Please specify which accommodation(s) is/are requested:

- [] Single Room * [] Private bathroom [] Residence with kitchen facilities
[] Housing Exemption/Off Campus Release** [] Other: _____

*A medical single room is billed at the multiple occupancy room rate, unless the single is located in an apartment unit.

**Only after all on campus alternatives have been exhausted.

Due to conflict of interest, immediate family members/guardians may not serve as providers of medical/psychological evaluation. All documentation must be submitted in English. Decisions will be made in writing.

The decision of the Housing Accommodation Request Committee is final. However, pursuant to Section 504 of the Rehabilitation Act, a student may grieve any decision that the student contends constitutes disability discrimination by following Ohio Wesleyan University's established grievance procedure. Student may re-submit the request, only if new information is available or was not otherwise included in the initial request.

In order to best meet the needs of the student, it is necessary for members of the Housing Accommodation Request Committee to review information submitted on request. Professionalism and sensitivity to the student's situation will remain an utmost concern. The information submitted will not be released to any other parties without the written consent of the student.

ACKNOWLEDGEMENT:

I have read and understand all information contained in the Housing Accommodation Request packet. I understand that my request is not approved until I am notified of the decision of the Housing Accommodation Request committee and that, if approved, I may be required to re-apply for accommodations each academic year.

Sign Name: _____ Date: _____

Dear Health Care Provider:

Your patient, named below, is a student at Ohio Wesleyan University and is requesting consideration for a housing accommodation based upon medical and/or psychological need. Ohio Wesleyan University is a residential university with a fully developed co-curricular program, which is not only supportive of the institution's academic program, but also stands alone as an important growth-producing part of each student's Ohio Wesleyan education. Group living in the residential facilities is an integral part of the liberal arts education process of the University. It provides an opportunity to develop those qualities of character which are descriptive of a responsible and mature person.

To this end, all students are expected to live on campus throughout their academic career, unless the student has a substantially limiting medical or psychological disability which interferes with the student's ability to live in a traditional residential community. The most common types of housing accommodation requests are for single rooms or for exemptions to the residency requirement, however, other types of accommodations on campus are available and are listed on page 3 of this form. It should be noted that having a documented disability in and of itself is not considered adequate for granting special housing accommodations. Requests are reviewed in accordance with the guidelines set by the American with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.

As a part of the accommodation request review process, the University requires supporting documentation from an appropriately licensed and qualified professional who assessed and diagnosed the student's condition and/or is part of the student's treatment plan for a previously diagnosed condition. The information that you provide will be reviewed by the Housing Accommodation Request committee, which consists of representatives from Residential Life, Student Health Services, Counseling Services, and the Accessibility Services Office. Please return this form to the student or to the Accessibility Services Office via email or fax (contact information is shown in the letterhead of this form). In addition to the requested information, you may attach any other information that you believe is relevant to the student's housing accommodation request. **Please complete this form entirely; do not substitute attached records for responses on this form or simply note that the information is contained in attachments.** Thank you for your assistance.

TO BE COMPLETED BY THE STUDENT:

Student Name (Printed): _____

Date of Birth: _____

Name of Health Care Provider: _____

Address: _____

Phone: _____

Authorization for Release/Request of Confidential Information:

I, the above named student, authorize my health care provider to supply Ohio Wesleyan University with any information in my records pertinent to my request for a housing accommodation including, but not limited to information requested on this form. I agree that information provided in conjunction with this request may be reviewed as necessary by appropriate Ohio Wesleyan University staff to determine the response.

I further authorize the Ohio Wesleyan University Housing Accommodation Request Committee (including Counseling Services, Residential Life, Student Health Services, and Accessibility Services Office) to request information pertinent to my request for a housing accommodation from my health care provider and to release information pertinent to my request for a housing accommodation to my health care provider and to appropriate Ohio Wesleyan University staff. I also hereby release the Ohio Wesleyan University Housing Accommodation Request Committee from any liability in connection with the release of this information.

I understand that I may revoke this consent at any time by notifying the Ohio Wesleyan University Housing Accommodation Request Committee and my health care provider in writing, EXCEPT to the extent that action may have already been taken in reliance on my consent..

Student Signature: _____

Date: _____

13. The following housing accommodations may be available. Please specify which accommodation(s) you recommend: (please check all that apply).

- Single Room * Private bathroom Residence with kitchen facilities
- Housing Exemption/Off Campus Other: _____

*A medical single room is billed at the Tier 1 room rate, unless the single is located in an apartment unit.

****Only after all on campus alternatives have been exhausted.**

14. If the recommended accommodation(s) is/are not possible, are there alternative reasonable accommodations that can address the stated needs?

15. Please provide a description of the expected progression or stability of the condition (i.e., any expected changes in the functional impact of the condition over time and context).

16. A disability is defined under the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973 as a physical or mental impairment that substantially limits a major life activity. Examples of major life activities are: caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working (this list is not exhaustive.) Major life activities also includes major bodily functions. Examples of major bodily functions are: functions of the immune system, digestive functions, and respiratory functions (this list is not exhaustive).

I, the undersigned professional, certify:

- That the above named student meets the definition of a disability (an impairment that substantially limits a major life activity) as defined by the Americans with Disabilities Act and Section 504 of the Rehabilitation Act of 1973.
- That my relationship with the student is as a medical provider, and I have no other non-professional relationship with the student.

Please include a signed copy of official letterhead along with this application.

Name: _____ Degree: _____

Signature: _____

State License Number or Professional Certification Information: _____

Office Address and Phone Number (Stamp or write below):

Attach Office/Personal Business Card Here