

BREVARD COLLEGE

BREVARD, NORTH CAROLINA

Documentation of Medical Need for Accessible Housing Accommodations (TO BE COMPLETED BY STUDENT'S HEALTH CARE/MENTAL HEALTH PROFESSIONAL)

TO THE HEALTH CARE PROVIDER:

Under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA), Brevard College has established procedures to ensure that students with documented disabilities receive housing assignments that reasonably allow access to full program participation including residential life. In order to make a request for a disability-related housing accommodation (*i.e. AC, ground level or elevator access, specific restroom needs, single room, etc.*), a student must submit a **Housing Accommodation Request Form** along with obtaining verifying professional medical documentation from a licensed clinical professional or healthcare provider who is familiar with the history and responsible for the treatment of the student's medical needs.

This student is asking for your professional documentation to verify a housing accommodation request so that we may best evaluate any disability-related housing needs. (Generally, documentation from a student's health care provider in the State of North Carolina or the student's home state who are not relatives of the student is required.)

In considering this student's request, here is some information about this college's residential experience: Brevard College is a four-year residential college located in the Southern Blue Ridge Mountains. Living in residence halls, where students learn to live in a community and share space with others, is considered to be an integral part of the educational experience. A standard housing assignment is a two-person room where bathroom facilities are located within a suite style room. Some, but not all, residence halls have AC. Numerous locations on campus provide quiet (including some private) spaces for studying including the library and several academic buildings. All are within a typical 10-minute walk of residential campus housing.

STUDENT/PATIENT/CLIENT NAME: _____

The student named above has requested a residential accommodation from Brevard College based upon a disability. A disability is defined under the Americans with Disabilities Act as ***“a physical or mental impairment that substantially limits one or more major life activities.”***

1. Based on this definition, does this individual have a disability or temporary impairment?

_____ YES _____ NO

2. If yes, please cite the student's disability(ies) or impairment(s): _____

The code for the condition(s) is from the: __ DSM-IV-TR __ DSM-V __ ICD-9 __ ICD-10

3. Please check which of the following major life activities this condition(s) substantially limits:

- walking hearing seeing manual tasks
- reading working learning breathing
- lifting eating sleeping concentrating
- speaking thinking standing communicating
- bending self-care the operation of major bodily functions

Other(s)? _____

4. Number of consultations in the past 3 years: _____ Date of most recent evaluation: _____

5. Length of time under your care for the condition relating to the request for accessible housing: _____
Currently under your care? YES NO

6. Medical/therapeutic equipment needed:

7. Please describe in detail the symptoms currently experienced by the student, and how the disability interferes with one or more major life activities as would be encountered in a residential environment. (Attachments welcome. Please use additional space as needed.)

8. Please circle (and indicate, where relevant) the approximate frequency of symptoms experienced:

periodic seasonal | every ___ | ___x a | ___x a | most | daily
(_____annual reported occurrences) | month(s) | month | week | days |

9. Given the standard housing assignment and study site options previously illustrated, please describe and provide the rationale for any modifications to the standard assignment you recommend to accommodate the student's disability. Please explain how the modifications you recommend would assuage the functional limitations of the student's condition. (E.g. If requesting a private or single room, an explanation should describe how having a roommate is expected to impede equal access to the benefits of the housing program.) Please use additional space, as needed.

12. What are some possible alternative solutions if meeting your primary recommendation is not possible?

14. If you are recommending a single room (which are limited in supply) please indicate whether and how there are any risks associated with isolation:

15. If applicable, please indicate how this student may be at risk during an emergency evacuation (e.g. fire):

(Any summaries provided in lieu of this form should be typed on official letterhead with clear contact information.)

CONTACT INFORMATION-Please stamp or write

HEALTHCARE PROVIDER NAME: _____

CREDENTIALS: _____

OFFICE ADDRESS:

SIGNATURE: _____ **DATE:** _____

This signature verifies that I am or have been this student's treating health care/mental health professional, that the contents are true and accurate, and that I am not a relative of the student.

Thank you for returning this form directly to Brevard College as soon as possible via mail, secure fax, or as a scanned attachment.

Office of Student Accessibility and Disability Services
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Brevard, NC 28712

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