PENNSTATE

The Pennsylvania State University
Assignment Office for Campus Residences
201 Johnston Commons
University Park PA 16802

814-865-7501
fax: 814-863-8364

INSTRUCTIONS

To properly evaluate how Penn State can best meet the student's need for special housing accommodations the University requires specific diagnostic information from a licensed clinical professional or health care provider. The professional provider should be a regular provider to the student and be familiar with the history and functional limitations of the student's physical or psychological condition(s). **The student must have a valid, accepted Housing Contract before the *Housing Accommodation Form* can be submitted.**

The student is required to complete section A of the *Housing Accommodation Form*. The student's signature provides the appropriate and qualified Penn State staff member permission to speak with the provider who completes the information on this form. **The provider must complete section B and C of this form.**

A student's Housing Contract preferences for area, building, Special Living Options, and/or roommate will be taken into consideration when the *Housing Accommodation Form* is submitted by the following dates for the semester the student requires the accommodation. As with all room assignments, preferences cannot be guaranteed.

Summer Session:	**June 1**	Fall Semester:	**June 15**	Spring Semester:	**December 1**

If the *Housing Accommodation Form* is received after the deadline date, Housing Contract preferences for area, building, Special Living Options, and/or roommate will be reviewed but only taken into consideration if space permits. The *Housing Accommodation Form* determination will supersede any preferences indicated on the Housing Contract. If the *Housing Accommodation Form* is received after room assignments are posted, Housing reserves the right to reassign the student to a space that will meet the medical need. This move will only accommodate the student requiring the medical need, and not any requested roommate(s).

Direct Room Exchange, Open Room Change, Semester Break Room Changes: if a student has been assigned to a room that meets the student's medical accommodation, the student may be limited in selecting another room that can also provide the necessary medical accommodation. Should the student wish to move to another room where the medical need cannot be met, the student must verify, in writing to the Assignment Office, that:

- He or she is requesting to move to the specific room;
- He or she understands that the medical accommodation cannot be met in the selected room;
- If the accommodation is required for future semesters, the *Housing Accommodation Form* will need to be resubmitted and reevaluated.

DETERMINATION

The *Housing Accommodation Form* is reviewed by healthcare professionals at University Health Services, who will make the determination as to the validity of the request. The student will be informed of the final determination by email within 1-2 weeks after the initial submission of paperwork. If the determination concludes that the requested accommodation is deemed to not be necessary under ADA guidelines after the review, the student may request that a contract cancellation be considered. Only one medical form may be submitted by the student from one provider. Additional paperwork may not be submitted by other providers for multiple accommodations, or if the student does not agree with the determination.

Accommodations for Air Conditioning

Air conditioned rooms have been established throughout the different housing areas on campus. First-year students who have a medical condition that is determined to require air conditioning will be assigned to these pre-determined rooms in the date order from when the offer of admission was accepted. Air conditioners will not be removed from the residence hall room at any time during the semester.

Air conditioned space in traditional residence halls for upper-class students is limited. Upper-class students are encouraged to participate in the request process for the other housing areas that offer air conditioning – Eastview Terrace, Nittany Apartments, Nittany Suites, and North Suites.

Section A: STUDENT INFORMATION – completed by student

Student Name _____ PSU ID _____

Date of Birth _____ Gender: ❑ male ❑ female

Penn State Access Account _____

Accommodation begins: ❑ fall; ❑ spring; ❑ summer Email _____

Home Address _____ Local Address _____

_____ _____

Home Phone Number _____ Local Phone Number _____

❑ I authorize Penn State University to **receive** information **from** the provider below. I also authorize my provider to discuss my condition(s) with the appropriate and qualified Penn State University personnel on an as-needed basis. I also understand that I may only submit one medical form, and cannot submit multiple forms from multiple doctors if I do not agree with the determination.

Name of Provider _____

Address _____

City _____ State _____ Zip _____

Student Signature _____ Date _____

OPTIONAL
❑ I authorize Penn State University to **discuss** applicable information with the following person(s) on my behalf.

Name _____ Relationship to student _____

Address _____ Phone Number _____

City _____ State _____ Zip _____

Student Signature _____ Date _____

Section B: HEALTHCARE PROVIDER SECTION – completed by Healthcare provider

Student's Name _____

To determine eligibility for changes to the housing environment, Penn State requires current and comprehensive documents of the student's condition from a licensed clinical professional or healthcare provider that is familiar with the history and functional limitations of the student's condition(s). The provider completing this form cannot be a relative or the student. **The provider should completely respond to questions #1 – 5**. All questions need to be answered. Attach a separate paper as necessary. Additional related information should also be attached.

1. What is the student's medical condition/diagnosis?

a. How long has the student had this medical condition/diagnosis?

b. What is the severity of this medical condition/diagnosis?

c. How long is this medical condition/diagnosis likely to persist?

d. When was the last scheduled visit that you had with this patient?

e. How long have you been working with this patient for this condition?

2. Describe the symptoms related to the student's condition that cause significant impairment in a major life activity.

3. List the student's current medication(s), dosage, frequency, and adverse side effects.

a. Are there any significant limitations to the student's functioning directly related to the prescribed medications?

❑ No; ❑ Yes:

4. Please state specific recommendations regarding housing, and a rationale as to why these housing needs are warranted based upon the student's medical (physical/emotional health) condition. Indicate why the change(s) to the housing environment you recommend are necessary (for example, if you suggest a private bathroom, state the reasons for this request related to the student's condition).

a. Please indicate whether any of the following are medically necessary:

- ❑ Proximity Reader
- ❑ Wheelchair-accessible building
- ❑ Wheelchair-accessible shower
- ❑ Service Animal
- ❑ Air Conditioning
- ❑ Bench seat in shower
- ❑ Bathroom safety bar
- ❑ Strobe alarm/doorbell
- ❑ Other: _____

5. If current treatments (for example, medications) are successful, why are the above changes to the housing environment necessary?

Section C: PROVIDER INFORMATION

I am verifying that the above-named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student**.

Provider Name _____ Date _____

Provider Signature _____ License Number _____ State

Address _____

City _____ State _____ Zip _____

COMPLETED FORMS

Completed forms should be faxed to 814-863-8364, or mailed to:

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*** The student will be informed of the final determination within 1-2 weeks after the initial submission of paperwork.**