

**24-25 Housing Accommodation Request Form**

**for Students with Disabilities**

Students with disabilities that require a specific type of housing assignment to ensure equal access to the housing program may request a housing accommodation through Disability Support Services (DSS). Housing accommodation requests are reviewed by a committee each Spring. For qualified students with documented disabilities whose requests are approved by the committee, DSS determines housing accommodations in consultations with the Office of Residence Life. Housing placements are prioritized based on a student’s disability diagnosis, impact of disability on living situation, and the available housing options on-campus. When possible, the preferences of the students are considered. Please note that late requests will be accepted, however, it is not guaranteed that requests received after the deadline- even if supported by documentation- can be met. Late requests can **ONLY** be accommodated based upon availability.

The Office of Residence Life opens housing the lottery for returning students once the DSS placements are determined through this process and any post-placement requests would require another student to withdraw from housing for additional openings to come available, so these requests will go on a waiting list pending new openings. The same process exists for new incoming first year students in later Spring, however there is no housing lottery. All housing placements are made by RL for first year students and post-placement requests will only be able to be accommodated based on available spaces on campus and if no room meets a student’s documented need, then they will have to go on a waiting list pending any housing withdrawals that will allow new spaces to open.

## Directions to Students: All students applying for housing accommodations must first be registered with DSS. If you are not already registered with DSS, the first step is to contact DSS either via email at dss@shu.edu or call 973-313- 6003 to begin the registration process.

* Student must Complete Part I and Sign the Consent for Release of Information.
* Students must provide Part II to disability evaluator or physician.
* *Both parts must be returned to DSS by March 15, 2024 for current students, and May 15, 2024 for new incoming students*.
* *Please submit your student portion of the form, Part I, as soon as you have completed it.* **The provider section must be filled out fully by the provider and must be sent by the provider directly to DSS either via email at** **dss@shu.edu** **OR fax 973-761-9185. Any provider forms that are filled out by the student will not be accepted for review.**
* Please note: housing deposits and housing applications through Residence Life must be received by their deadline in order for accommodation requests to be considered.

# Part I: Student to complete the following: All questions are required. Incomplete forms will not be reviewed, so please check this carefully.

Name (please print clearly or type):

SHU ID#:

Student Cellular #:

SHU Email:

 Status: \_\_\_\_ Incoming Freshman \_\_\_\_Incoming Transfer \_\_\_\_Returning Undergrad \_\_\_ Graduate Student

Accommodation Request is for: Fall Spring Summer Year:

1. State the nature of your disability for which you are requesting a housing accommodation:
2. Please state requested roommates or suitemates, if applicable:

1. Please order preference of residence halls on campus that you would like to live in. Please note that this is not guaranteed, as certain buildings cannot meet specific accommodation needs depending on availability.

 For Returning Students Only: For Freshman Students Only:

 \_\_\_ Cabrini Hall \_\_\_ Boland Hall (freshman only)

 \_\_\_ Neuman Hall \_\_\_ Aquinas Hall (freshman only)

 \_\_\_ Xavier Hall

 \_\_\_ Serra Hall

 \_\_\_ Turrell Manor (off campus)

 \_\_\_ Ora Manor (off campus)

 Residence Hall Rates <https://www.shu.edu/bursar/tuition-and-fees.cfm#residencerates>.

1. Please **select** your requested accommodation on the line to the left of the accommodation listed and explain any housing accommodation(s) you selected that are related to your disability. Please be very specific. You may select more than one option such as marking both a double room and a room on a lower floor. The committee will not be able to accommodate post-placement changes such as a room on a lower floor if you do not select it during the initial review of your request. If your request is not supported by your documentation, disability, or is not a room combination that we have in our housing inventory DSS will work with you to meet as many of your documented needs as possible.

 Semi-private bathroom Private bathroom Communal bathroom Single room Double room

 Room within a Suite Strobe light fire alarm Bed-shaker fire alarm Service animal

 Room on a lower floor (no stairs) Wheelchair Accessible Room

 Emotional support animal (Ensure you fill out the ESA Housing Accommodation Request on our website (10 pages) and not this form.

 Other needs than listed:

Explanation of selected accommodations indicated above as related to your disability.

1. Have you had this accommodation at Seton Hall University in the past?
2. Please describe how this accommodation will reduce the impact of your disability in the residence halls.
3. Do you require the use of an elevator? Yes No \_\_\_\_\_\_\_ Sometimes
4. Can you walk up/down stairs? Yes No \_\_\_\_\_\_\_ Sometimes
5. Will you require assistance in an emergency evacuation? Yes\* No

\*If yes, please specify type of assistance needed and DSS will put you on a life safety list to share with Public Safety and senior HRL staff:

1. Will you require audio or visual alarms (i.e. bed shaker, strobe fire alarm) for emergency egress in your individual room? Please answer Yes or No. (Please note that audio/visual alarms are standard in the common areas of the residence halls.) \_\_\_\_\_ Yes \_\_\_\_\_ No
2. Please add any other information you feel is important for us to consider in reviewing your request.

Student Signature: Date:

Please sign the release below and submit the forms to your physician or treating clinician to fill out pages 4-8. All pages must be completed and submitted directly by your provider to dss@shu.edu or via fax 973-761-9185. Any student filled out provider forms will not be reviewed.

**Consent for Release of Information (to be completed by student):**

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Physician or Provider’s name) to disclose the information

requested by this form to the office of Disability Support Services at Seton Hall University for the purpose of evaluating my request for housing accommodations. I also allow both parties to discuss any information related to my housing accommodation request. I understand that my personal medical information will be shared on a “need to know basis” with other university offices.

Student Signature: Date:

# Physician or Disability Provider Verification

Accommodations are only available to students identified as having a disability and actively under treatment. **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.”** Examples of major life activities are: Major bodily functions, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, performing manual tasks, and caring for oneself.

## Please type answers or write clearly. Forms with illegible handwriting will be returned to the student to resubmit.

1. Based on this definition does the individual have a disability? Yes No

Date of original diagnosis: \_\_\_\_

Date of most recent evaluation/treatment session: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the student currently under your care? Yes No

How long have you been treating this student for this condition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. State the student’s disability diagnosis or diagnoses, including diagnostic code, if applicable.
2. What housing accommodations are you recommending for this student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When did you recommend the student use these accommodations? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Please elaborate on why you are recommending these accommodations for the student to use when living on campus:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Describe the student’s functional limitations or behavioral manifestations caused by the condition: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe the type, severity, and frequency of symptoms related to this disability.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What do you foresee as the impact living in a college residential hall setting without the student’s requested accommodations?

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the expected duration, stability, or progression of the student’s disability?
2. Please describe current treatments, prosthetic devices, and/or medications student is utilizing for treatment (for instance, frequency and duration of counseling treatment if any for a mental health condition):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is the disability mediated or well-controlled by medications or other treatments? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is this request medically or clinically necessary, or recommended only to enhance the comfort and convenience of the student? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medically necessary \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Recommended only for comfort and convenience
2. If medically necessary, please explain how the requested accommodation(s) relate to the impact of the condition.
3. Is the impact of the condition life threatening if the request is not met? Yes \_ No
4. Is there a negative health impact that may be permanent if the request is not met? Yes No
5. Is this accommodation an integral component of an ongoing treatment plan for the condition in question? \_\_\_\_ Yes \_\_\_\_\_ No

 If yes, please elaborate on how the requested accommodation is an integral component of the treatment plan:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Please describe how the accommodation(s) will mitigate the symptoms of the student’s disability:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the anticipated impact on academic performance if the request is not met?
2. Have you considered any alternative accommodations that would provide the same benefit to the student other that the suggested, if so, please elaborate:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is the likely impact on social development, if any, if the request is not met?
2. Is there anything else we should know that we haven’t asked about? If so, please elaborate here.

## THIS SECTION MUST BE COMPLETED FOR FORM TO BE VALID

Physician or disability evaluator INFORMATION (Please Print Legibly and/or use your stamp – if we cannot read this, we will request for it to be completed again.)

Name: Title: Specialty: Office Address: Phone:

License/Certification Number and State of License:

Signature: Date:

Providers must Fax or Email completed form directly to:

DSS, Seton Hall University Email: dss@shu.edu

(973) 313-6003 (p), (973) 761-9185 (fax)

Provider forms cannot be sent by students.