UNIVERSITY OF SOUTHERN INDIANA®

Disability Resources

Housing Accommodation Request Form

A clinician should complete the following for a housing request based on the named student's disability-related needs. You may email us at **usi1disres@usi.edu** with questions. *Note: Housing requests based on comfort, a quiet study area, an area to decompress, privacy preferences or specific roommate requests generally do not rise to the level of a disability that requires a single living/single sleeping space to remove barriers to access.*

Student Information

Student Full Name: _____ Date of Birth: _____

Disability Information

Clearly state the student's diagnosed disability or condition. _____

_____

_____

_____

Does the student have an impairment that substantially limits one or more major life activities?

☐ Yes ☐ No *(If no, the request is considered a preference.)*

What are the student's symptoms, severity and frequency?

(Include any known triggers or exacerbating factors, such as allergies and their severity—for example: ingestion, airborne, skin contact.)

Severity: ☐ Mild ☐ Moderate ☐ Severe

Please explain: _____

_____

_____

_____

What treatments, assistive devices or services are the student currently using? _____

_____

_____

How does the student's disability/condition substantially limit their ability to use or access on-campus housing?

_____

_____

_____

What specific housing accommodations are you recommending based on the student's disability? *(Any recommendations provided are advisory and not binding)*

☐ Single sleeping space *(Private bedroom with shared living/kitchen areas)*

☐ Single living space *(Private residence)* ☐ Other: _____

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Rationale for Private Space

If you are recommending a private space, please explain:

How would having a single living space significantly improve the student's access to housing, given they will still be around others during classes and campus activities? Is there a life-threatening reason why a kitchen area could not be shared?

Given the limited availability of private living spaces, have alternative accommodations been considered and discussed with your patient that could also meet the student's need if a private space is not available?

(For example: privacy curtains, noise-canceling headphones, air purifiers, access to a private space on campus/study room or placement with a student with a similar disability.)

Certifying Professional: By signing below, I certify that I am a qualified professional in the field related to diagnosis and am not a family member of the student.

Date

Name (Printed) and Title

Name of Practice

Professional Credentials

License or Certification No.

Signature of Professional

Telephone No.

RETURN TO:

USI Disability Resources, SC2206
8600 University Boulevard
Evansville, IN 47712

Phone: 812-464-1961 | **Confidential Fax:** 812-464-1935 | **Email:** usi1disres@usi.edu

USI.edu/disability-resources/documentation-guidelines

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