MESSIAH UNIVERSITY

Disability Documentation Form Regarding University Housing

TO BE COMPLETED BY THE STUDENT'S HEALTH CARE PROFESSIONAL

Please Note: Messiah University is deeply committed to the full participation of students with disabilities in all aspects of University life. As a four-year residential university, we believe that learning to live in a community and share space with others is an integral part of our students' educational experience. A standard housing assignment in a dorm is a two- or three-person sleeping room where bathroom facilities are located on the same floor, but not in the room, and where there is access to a communal kitchen. A standard housing assignment in an apartment is either 2 people in a one-bedroom or 4 people in a two-bedroom unit with a full bath, full kitchen, and living and dining spaces.

Accommodations in the residential environment are not granted based on preference or a desire for a particular type of location or for a desire for a quiet, undisturbed place to study, but rather when determined that a standard residential assignment is not a viable option for this student.

Student's Name: _____ **Date of Birth:** _____

This form is to be completed by a qualified health care provider (who is not related to the student) with experience and expertise regarding the functional limitations of the student's disability and current symptomology that would impact the student's housing needs. Thank you in advance for providing as much detail as possible in your responses.

Care Provider Information

Provider Name: _____

Credentials: _____

Email: _____

Telephone: _____

Practice Name and Address
(Stamps welcome)

The student named above has requested a disability-based housing accommodation at Messiah University. 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 listed in Item 3 below. A temporary impairment may include an injury, severe illness, recovery from surgery, or a condition caused by a traumatic event.

1. **Under the ADA, this individual has a…** *(please select)* ☐ **Disability** **or** ☐ **Temporary Impairment**
2. **Please cite the student's diagnosis:**

Dx #1: _____ Diagnostic code: _____

Dx #2 _____ Diagnostic code: _____

Dx #3 _____ Diagnostic Code: _____

From the:

☐ **DSM-IV-TR** ☐ **DSM-V** ☐ **ICD-9** ☐ **ICD-10**

3. **Please check the major life activity(ies) that is(are) substantially limited by the disability/impairment:**

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

4. **Date of diagnosis:** _____ **Made by you?** ☐ **Yes** ☐ **No, Dx made by:** _____

5. **Number of consultations with you in the past 3 years:** _____ **Date of your most recent evaluation:** _____

6. **Length of time under your care:** _____

7. **Currently under your care?** ☐ **Yes** ☐ **No, care ended on:** _____

8. **Medical/therapeutic equipment needed:** _____

9. **Please describe in detail the symptoms experienced by the student and how they interfere with major life activities as would be encountered in the residential living environment.**

10. **Please describe the frequency of occurrence and the severity of symptoms.**

- ☐ **Rare**
- ☐ **Occasional**
- ☐ **Regular**
- ☐ **Continuous**

- ☐ **Mild**
- ☐ **Moderate**
- ☐ **Severe**

11. Please provide your recommended housing accommodation along with rationale, as well as any acceptable alternatives if the recommended option is not available..

12. Accommodations for this condition are recommended…

☐ For several months… How many? ☐ ☐ for the duration of the student's time in college

☐ For the next year ☐ duration is unknown at this time

Other/Comments:

13. Please indicate whether and how this student may be at risk during an emergency evacuation *(e.g. fire)*:

14. ☐ I have attached the supporting documentation for this diagnosis.

Please print and manually sign here

Care Provider's Signature **Date**

THIS COMPLETED FORM IS NOT TO BE GIVEN TO THE STUDENT. IT SHOULD BE SENT DIRECTLY TO MESSIAH.

Thank you for printing, signing, and returning this form to Messiah's Office of Academic Accessibility as soon as possible.

Email: specialhousing@messiah.edu

Fax : 717-691-2304

US Mail: One University Ave., Suite 3059, Mechanicsburg, PA 17055

Questions? Call: 717-766-2511, ext. 7260