DISABILITY SUPPORT

**CAN**

SERVICES

**HOUSING ACCOMMODATION DOCUMENTATION FORM**

**Student name:**Click or tap here to enter text. **Student date of birth:** Click or tap here to enter text.

The above-named student is requesting housing accommodations due to a disability at Loyola University Maryland. This form will be used to assist the Disability Support Services (DSS) staff in determining how the student’s disability impacts them in the context of on-campus housing and what accommodations are required to address a barrier in the residential experience. The form should be completed by a qualified and licensed medical or mental health professional. DSS cannot accept documentation completed by a family member of the student. The provider may attach additional information or reports as necessary.

*Note regarding single bedroom accommodations*: While DSS considers all accommodation requests on an individualized, case-by-case basis, our residence options include very few units with single bedrooms. Additionally, we have well-trained professional staff in the Office of Student Life who are available to assist students with roommate issues or conflicts. Based on this, DSS generally only approves single bedrooms as an accommodation in situations where the symptoms of the student’s disability make it impossible or unsafe to share a bedroom with one other student.

1. **What is the disability or disabilities for the which the student is requesting housing accommodations?**

Click or tap here to enter text.

* **Date of diagnosis:** Click or tap here to enter text.
* **How long have you been treating this student for this condition?** Click or tap here to enter text.
* **Date of last clinical contact with the student:** Click or tap here to enter text.

* **Expected duration of the condition:** Click or tap here to enter text.
1. **Please describe the type, severity, and frequency of symptoms currently experienced by the student and how the condition interferes with one or more major life activities.**

Click or tap here to enter text.

1. **How do the symptoms of this condition impact the student in the context of the university housing environment?**

Click or tap here to enter text.

1. **If applicable to your assessment of how the student’s condition impacts their experience in university housing, please list the student’s prescribed medications, dosage, and side effects:**

Click or tap here to enter text.

1. **What accommodations or modifications does the student require because of the condition to be able to live in on-campus housing at Loyola University Maryland? In answering this question, please be sure to:**
* **Make specific recommendations**
* **Provide a detailed rationale for each recommendation that is based on the symptoms or impact of the student’s disability**
* **Explain the ramifications, if any, of the student not receiving the recommended accommodation.**

Click or tap here to enter text.

1. **Is there any other information you would like to share that may be helpful in determining reasonable housing accommodations for this student?**

Click or tap here to enter text.

**PROVIDER SIGNATURE AND CONTACT INFORMATION**

I verify that this form has been completed by me or a designated staff member, that I am treating this student,

and that I am not a relative of the student.

**Provider name and credentials:** Click or tap here to enter text.

**License number and state:** Click or tap here to enter text.

**Phone number:** Click or tap here to enter text. **Email address:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**Click or tap to enter a date.

**Please fax this form to (410) 617-2080 or email it to** **dss@loyola.edu****. A member of the DSS staff may contact you for clarification of the information contained in this form.**



[**www.loyola.edu/dss**](http://www.loyola.edu/dss) **| 410-617-2750** | **dss@loyola.edu**