

## Request for Housing Accommodation Provider Form

A reasonable housing accommodation is reserved for students whose documentation illustrates clear and substantial need, for whom a standard housing assignment is not a viable option. A reasonable housing accommodation is **NOT** the same as needing a quiet space to study or living with a preferred roommate. Any roommate differences can be addressed by Residence Life, Housing and Dining staff members through mediation, roommate contracts, and, when necessary, a room change. **Student rooms are not meant to provide a quiet study space and students needing a study room can utilize the library and other alternative quiet spaces on campus.** Generally, a student with ADHD or a learning disability would not be approved for a single room to serve as a quiet place to study, as it would be considered a preference, not a medical necessity.

As a four-year residential college, it is essential for students' experience to learn to live in a community and share spaces with others. Kutztown University has a two-year residency requirement for all students. A standard housing assignment for freshmen is an un-airconditioned two person sleeping room with communal bathroom facilities located on the same floor, but not in the room, and possible access to a communal kitchen in the residence hall. A standard for upperclassmen housing assignments are suite-style or apartment-style living where they may live in a single or two person sleeping room, have a shared common area with anywhere from two to six other students with semi-private bathrooms that their suite or apartment share. Apartment-style living include a small kitchen shared among their apartment mates. A limited number of single rooms are available to students.

To properly evaluate student's need for a housing accommodation, Kutztown University requires specific information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's disability, including the diagnosis and the specific functional limitations that result from the student's physical or psychological condition(s) that interferes with their living environment. We require clear documentation that outlines the limitation in function or performance as it specifically relates to the student's housing. Please return the completed form to our office by email, mail, or fax. **Please Note:** *The health care provider need not use this specific form, but all the information requested here is necessary for the university to have to consider the request for a housing accommodation; the form is provided as a convenience. Any health care provider that writes a letter must ensure to follow our documentation guidelines listed on our website under "student accommodations."*

Please note that if you are looking to get an Emotional Support Animal (ESA), there is a separate packet of information that will be need filled out. Please contact the Disability Services Office at [dso@kutztown.edu](mailto:dso@kutztown.edu) to receive further information.

Full Name of Patient (Student) \_\_\_\_\_

**Recommended Accommodation(s):**

\_\_\_\_\_ First Floor Assignment

\_\_\_\_\_ Single Room

\_\_\_\_\_ Semi-Private Bathroom

\_\_\_\_\_ Wheelchair Accessible Room

\_\_\_\_\_ Hearing Impaired ADA Room

\_\_\_\_\_ Air-Conditioning

\_\_\_\_\_ Additional Fridge or Micro-Fridge for disability related needs

\_\_\_\_\_ Other (please describe):

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Federal law defines a person with a disability as someone who has a physical or mental impairment that *substantially limits* one or more major life activities. What is/are the student's diagnosis(es) and what is the nature of the student's health impairment (that is, how is the student substantially limited)?

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In your professional opinion, what symptoms will be reduced for this individual and how important is it for the individual's well-being by having the recommended accommodation(s) you have selected above? **Please describe how the disability interferes with one or more major life activity that would be encountered in the residential room/living environment.**

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Do you believe that the recommended accommodations above are medically necessary for your patient/client? (Please select one)

**It is recommended**, but these alternative accommodations would support the student if the selected accommodation above is not possible:

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**No**, it is NOT medically necessary

**Yes**, it is medically necessary for the student to receive the selected accommodations above.

*Thank you for taking the time to complete this form. Kutztown University recognizes that having a housing accommodation may be medically necessary for a student to have access to a positive residential experience. Housing accommodations ensure equal access to students, however, practical limitation of on campus housing assignments make it necessary to carefully consider the impact of the request for a housing accommodation.*

Please provide contact information, sign and date this questionnaire (below), and return it to Kutztown University: Disability Services Office.

Kutztown University of Pennsylvania: Disability Services Office  
215 Stratton Administration Building  
Kutztown, PA 19530  
[DSO@kutztown.edu](mailto:DSO@kutztown.edu) | 610-683-4108 | Fax: 610-683-1520

By signing below, you are verifying that the named student information is correct, that the student is a patient that you have been treating, and that you are not a relative of the student.

Provider Name (print): \_\_\_\_\_ Professional Title/Credentials: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ State of License: \_\_\_\_\_

Professional License ID #: \_\_\_\_\_ Date: \_\_\_\_\_

Practice /Clinic Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_