

HOUSING ACCOMMODATION REQUEST

For Medical and Disability

Please refer to the back of this form for information and instructions regarding the accommodation process.

Name _____ Birth Date _____ Student ID # _____

Email (if non-GFU) _____ Class Standing: FR SO JR SR

ROOMMATES *(Returning Students Only. New students should request roommates through the housing form in myGFU)*

To be completed by each requested roommate. I am planning on living with the student requesting accommodations. I will accept the placement the above student receives and understand that I will not be eligible to participate in Housing Selection with a different group. I recognize that I will need to pay the \$150 Housing Deposit to secure my placement in housing. I understand that if the student making the request for accommodation does not live in the assigned housing area, I may be moved to a different housing location.

Name _____ ID # _____ Signature _____

Name _____ ID # _____ Signature _____

Name _____ ID # _____ Signature _____

Name _____ ID # _____ Signature _____

Name _____ ID # _____ Signature _____

DOCUMENTATION *(Appropriate documentation must accompany this form— see back of this page for additional details)***Select One:**

- I have completed a Disability Services Request Form and spoken with the Disability Services Office. My Disability Services Request Form indicates specific environmental conditions needed to accommodate my needs.
- I have attached documentation from a medical professional (MD, NP, PA) that includes a diagnosis and the specific environmental conditions necessary to accommodate medical/disability needs.

RELEASE OF INFORMATION

I acknowledge that an exchange of information may need to take place between medical personnel noted in my documentation, the Housing Office, Health and Counseling Center, Disability Services Office and/or other University staff. I give my permission for such communication when necessary. I also give permission for the Housing Office staff to discuss my case with the following additional individuals and/or offices:

Parents (list names): _____

Additional medical personnel/offices: _____

Student Signature: _____ **Date:** _____

For Office Use Only:

Date Received: _____ Copy to: HCC DSO Docs on File Room: _____

Housing Accommodation Request for Medical/Disability Needs

Requests for housing accommodations are processed through the Disability Services Office in conjunction with the Director of Housing. To be considered for an accommodation a student will need to present documentation (see Documentation and Process section below) of a disability that creates a functional limitation in the environment as it pertains to the Americans with Disabilities Act. Disability Services seeks to ensure consistency in evaluating requests while simultaneously exploring each individual situation before making recommendations to the Director of Housing. It is the University's practice to determine the housing accommodation that provides the most traditional experience for each student.

The University is generally able to accommodate all medical/disability needs in on-campus housing. All medical/disability related accommodations will be made in the context of University policies applicable to the individual making the request.

ACCOMMODATION DEADLINE DATES

Please allow adequate time for requests to be processed. This may include Disability Services contacting the medical provider. Requests submitted AFTER the dates listed below may not be accommodated.

- **Returning Students:** Requests are due by 5:00 PM on March 14th for the 2016-17 academic year or following a new diagnosis requiring accommodation.
 - **New Students:** Freshman housing placements begin in early May. In order to receive fullest consideration requests should be submitted by May 1st. At a minimum, requests must be received 15 working days prior to a student's arrival on campus.
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DOCUMENTATION AND PROCESS

To be considered for housing accommodation, all supportive medical information must either accompany this form or be on file with the Disability Services Office or Health and Counseling Center. No request will be considered until all documents have been submitted.

- Please attach the following documents to this form -

1. A specific, detailed diagnostic statement from a licensed medical physician, nurse practitioner, or physician's assistant:
 - a. Include a specific diagnosis
 - b. Include the date that medical conditions appeared
2. Detailed list of *specific environmental conditions* needed to accommodate the medical needs. This information must be signed by a licensed medical physician, nurse practitioner, or physician's assistant and on the clinic's letterhead.
3. *General notes or statements without a specific diagnosis and list of necessary accommodations will not be accepted.*
 - a. *Documentation should comply with University standards as outlined on the University website:*
http://www.georgefox.edu/offices/disab_services/documentation.html
4. The Director of Housing will evaluate the medical information in conjunction with the Health and Counseling Center (HCC) and/or Disability Services Office (DSO). You may be asked to meet with HCC staff to further discuss your situation. Once your situation has been reviewed and a decision has been made.
5. If you have previously submitted documentation to the DSO, this documentation may be considered provided it meets the criteria specified above.

Students will be notified via University e-mail once a decision has been made.

Return this form and additional documentation to:

Dean of Learning Support Services
George Fox University
414 N. Meridian #6197
Newberg, OR 97132

Director of Housing
George Fox University
414 N. Meridian #6165
Newberg, OR 97132

Or FAX to:
GFU Student Life Office
503-554-2339