

## **Disability-Related Housing Accommodation Request**

Residence Life & Housing refers, or forwards, all medical or disability-related requests for housing accommodations to the Office of Disability Services. The information is kept confidential and is only used to evaluate accommodation requests. Each student's situation is considered individually and carefully. In order to gauge how we can best meet your needs, the Office of Disability Services requires specific information from both you and your healthcare professional.

### **Process for Submission of Requests**

Students requesting housing accommodations through the Office of Disability Services must do so by the established deadlines set by Residence Life & Housing. Please visit the Residence Life & Housing website ([www.wright.edu/housing](http://www.wright.edu/housing)) for more information on request deadlines. In order to request housing accommodations:

1. You must complete and sign the first portion of this form, requesting an accommodation, providing a clear description of the desired housing configuration, and giving Disability Services permission to contact your healthcare professional if follow-up information is needed.
2. Your healthcare professional must complete the second part of this form, sign it, and return the completed packet to the Office of Disability Services at the address listed above. Your healthcare provider should include:
  - An explanation of how the request relates to the impact of the condition;
  - An indication of the level of need for the recommended configuration (and the consequences of not receiving); possible alternatives if the recommended configuration is not possible.
  - In addition to the basic documentation regarding your disability or medical condition, further recommendations from the healthcare professional are welcome and will be given consideration in evaluating your request. You may also include additional health records or other evidence supporting your need for a housing accommodation.
3. Meet with ODS to discuss your approved housing accommodations.

### **How Decisions Are Made**

Housing assignments and the residential learning environment are integral parts of Wright State University programs, particularly for freshman. Below is a summary of the factors we consider when evaluating housing requests. The answers to any/all of these questions may be important in our decision-making. Our goal is to provide access to a safe and supportive living environment for all students participating in our established residence life program.

## How Decisions Are Made

### Severity of the Condition

1. Is impact of the condition life threatening if the request is not met?
2. Is there a negative health impact that may be permanent if the request is not met?
3. Is the request an integral component of a treatment plan for the condition in question?
4. Does the request center on room adaptations necessary for safe and independent occupancy in the residence hall?
5. What is the likely impact on academic performance if the request is not met?
6. What is the likely impact on social development if the request is not met?
7. What is the likely impact on the student's level of comfort if the request is not met?

### Timing of the Request

1. Was the accommodation request made with the student's initial housing request?
2. Was the request made before the deadline for housing requests for the semester in question?
3. Was the request made as soon as possible after identifying the need. (Based on date of diagnosis, receipt of housing assignment, change in status, etc.)

### Feasibility & Availability

1. Is space available that meets the student's needs?
2. Can space be adapted to provide the requested configuration without creating a safety hazard (electrical/structural load limits, emergency egress, etc.)?
3. Are there other effective methods or housing configurations that would achieve similar benefits as the requested configuration?
4. How does meeting this request impact housing commitments to other students?

The learning environment and residential living are central to the Wright State University student experience. It should be noted that living within the community and learning to share space and be considerate of others is part of that learning experience. Requests for single rooms (as an accommodation) based solely on a desire to have a "quiet, undisturbed place to study" will be granted only in unusual circumstances. By virtue of the shared facilities, resources, and number of people living under one roof, it is not logical to assume that having a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room. Students who make requests for single rooms solely for these reasons may be given priority on the rooming list in terms of attaining a single room assignment (regardless of seniority) but will be held responsible for paying the differential between single/double room fees.

*Note: Housing accommodations are provided on a case-by-case basis in accordance with the Americans with Disabilities Act, as amended in 2008. To qualify, the student must have a current condition that substantially limits a major life activity, and the accommodation request must be necessary and reasonable. A diagnosis, in and of itself, does not automatically qualify for accommodations. If you would like to appeal the decision, please follow the process outlined here: <http://www.wright.edu/student-affairs/health-and-wellness/disability-services/register-for-accommodations#appeal>*



OFFICE OF  
**DISABILITY  
SERVICES**

3640 Colonel Glenn Hwy.  
Dayton, OH 45435-0001  
(937) 775-5680  
FAX (937) 775-5699  
wright.edu/disability-services

**STUDENT SECTION**  
(please print or type)

_____	_____
<b>Date of application</b>	<b>Academic Year &amp; Term Requested</b>
_____	_____
<b>Student UID</b>	<b>Date of Birth</b>
_____	_____
<b>Student Name (First &amp; Last)</b>	<b>Gender</b>
_____	
<b>Current Campus Address (if applicable)</b>	
_____	
_____	_____
<b>Home Address</b>	<b>City, State, Zip</b>
_____	_____
<b>Phone number</b>	<b>WSU email address</b>

- New First Year Student**
- Returning Student**
- Transfer Student**

**Accommodation(s) requested:**

\_\_\_\_\_

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\_\_\_\_\_

**Authorization to Receive Information**

**I authorize the Office of Disability Services at Wright State University, to receive information from the professional who fills out this Housing Accommodation Request form, and for him/her to discuss my condition(s) with the Office of Disability Services, if necessary.**

_____	_____
<b>Student Signature</b>	<b>Date</b>

**This page was intentionally left blank.**

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Medical/Mental Health Professional Documentation**

*This section is to be completed by the student's physical or mental health care provider.*

History of presenting problem and current medical condition/diagnosis:

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Expected duration of the condition:

- Temporary  
 Permanent
- Stable  
 Progressive

Describe the symptoms related to the medical condition that cause significant impairment to a major life activity (i.e., walking, breathing, sleeping, seeing, hearing, learning, and socializing). Please relate it to accommodations requested.

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Are there any other factors that contribute to this student's need for the requested accommodation?

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Please indicate below your recommendations regarding housing accommodations for this student. Please note that the accommodations marked with an asterisk (\*) are extremely limited and will only be considered for students meeting ADA criteria. Housing accommodations are based upon the student's functional limitations and level of need.

	Automatic Door Opener
	Close to bathroom
	Kitchen access in housing*
	No extended housing (not tripled)
	Semi-private bath
	Single room*
	Strobe light emergency
	Wheelchair accessible
	Other:

Further explanation for any of the above:

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**Please attach any additional documentation that might be helpful in the accommodation process.** (e.g., medical file notes, test results, etc.)

\_\_\_\_\_  
Name of Professional (print)

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
License Number

\_\_\_\_\_  
State

\_\_\_\_\_  
Address Line 1

\_\_\_\_\_  
Address Line 2

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

**Please return to the Office of Disability Services**

**Mail:** 180 University Hall  
3640 Col. Glenn Hwy.  
Dayton, Ohio 45435

**Fax:** 937.775.5699

**Email:** Disability\_Services@wright.edu