



SPECIAL HOUSING ACCOMMODATION REQUESTS APPLICATION

For the Student Applicant:

Thank you for your interest in our special housing accommodations process. Please complete the demographic information below and then submit this form to your medical provider for completion.

Upon completion, **the physician** should return this form to the Dean of Students Office. (Attn: Charmayne Wyche, Director of Residence Life and Student Conduct) one of two ways:

- Fax: (434) 947-8298
- Scan and e-mail to: cwyche@randolphcollege.edu

Special Housing Accommodations are accepted on a rolling basis. Once your form has been received, it will be reviewed by the Special Accommodations Committee consisting of the following staff members: Director of the Counseling Center, Director of the Health Center, Coordinator of Access Services, and the Assistant Dean for Residence Life and Student Conduct. After the committee has reviewed your request, the Assistant Dean for Residence Life and Student Conduct will be in contact with you via e-mail to let you know whether or not your request has been approved or if additional information is needed from your medical provider to make an informed decision.

For the Student:

Please provide information on the following (for the student to complete):

1. How will living in a medical single help your overall experience at the College?
2. Why do you believe that living with a roommate is currently not helpful to your treatment plan?
3. How will living in a medical single help your medical condition(s)?

4. How did you manage your condition in a shared space with a roommate in the past (or currently)?
5. How did you work with your roommate directly to set expectations for the shared space in order to help manage your medical condition(s)?
6. How did living with a roommate impact your ability to be successful in a residential environment?

For the Medical Provider:

It is important that the medical documentation be thorough and specifically address the medical necessity of the student request. (i.e. request for a medical single, for air conditioning, to live on a certain floor, etc.) A complete description of the impact on a student's ability to live in a residential setting must be provided. All documentation must be current, within the past year.

For Mental Health Providers Only:

Documentation of mental health impairments should consist of a detailed report by a licensed mental health professional (i.e. psychiatrist, psychologist, or licensed clinical social worker with appropriate competencies related to the student's diagnosis) or a primary care provider (MD, PA, NP, etc). All documentation should include the following:

- A complete and current DSM-V or ICD-10 diagnosis with an accompanying description of the specific symptoms the student experiences
- The diagnosis should be based upon a comprehensive clinical interview and psychological testing (when testing is clinically appropriate)
- A complete description of the impact on a student's ability to live in a residential setting must be provided

Please Print Clearly (for applicant to complete):

Applicant's name _____ Birth Date: _____

Permanent/Home address: _____

E-mail address: _____ Class Year (check one):

- ____ First-Year
- ____ Sophomore
- ____ Junior
- ____ Senior

Semester and Year Student is Applying for Housing: _____

Medical Provider's Name: _____

Name of Medical Provider's Practice: _____

Type of Medical Provider: _____

Medical Provider's Signature: _____

Please provide information on the following (for the Medical Provider to complete):

1. Specific diagnosis and severity:

2. Date of the diagnosis:

3. Last appointment date with student:

4. Is the condition mitigated by medication or any other form of currently prescribed treatment?

5. Describe the student's specific functional limitation(s) or behavioral manifestations pertaining to a residence hall setting:

6. Describe your professional medical recommendation(s) regarding reasonable accommodations for this student in a college residence hall with rationale to support your recommendation. In particular, please detail how the student's medical condition necessitates this particular request.
7. Is the condition temporary or permanent?
If the condition is temporary, please make a recommendation for how long you'd prescribe the student to have access to the requested accommodation(s)?
8. Please list tests or laboratory work that support the diagnosis (attach copy)

*Return completed form via fax or e-mail. Attn: Amanda Denny, Assistant Dean of Students: (434) 947-8298 or adenny@randolphcollege.edu

(For Inner-Office Use)

Date Received: _____

Confirmation E-mail with Next Steps Sent to Applicant on: _____

Date that Application was Reviewed by Accommodations Committee: _____

Qty. of Votes in Favor of Approval: _____ Qty. of Votes in Opposition of Approval: _____

Application is (check one): ☐ Approved ☐ Denied ☐ Pending Additional Information

Reasoning for Decision:

Accommodations Approved in Application (check all that apply):

☐ Medical Single ☐ Air Conditioning Unit ☐ Temporary Location ☐ Other

If Other, Describe Approved Accommodation Below:

Is This a Temporary Accommodation (check one)? ☐ Yes ☐ No

Accommodation Expiration Date: _____

Decision E-mail with Next Steps Sent to Applicant on: _____

Accommodation Location (Residence Hall & Room Number): _____