



## 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: Amanda Denny, Assistant Dean for Residence Life and Student Conduct) one of two ways:

- Fax: (434) 947-8298
- Scan and e-mail to: [adenny@randolphcollege.edu](mailto:adenny@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 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



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): \_\_\_\_\_