Request for Accessible Housing Accommodations: Guidelines for Requests

In accordance with applicable federal and state disability laws, SUNY Oneonta will make every effort to provide reasonable housing accommodations for students who have qualifying disabilities. To properly evaluate how SUNY Oneonta can best meet the student’s need for reasonable accommodations in College housing facilities, the College requires information to understand how the requested accommodation relates to the current impact of the disability. Reasonable and appropriate accommodations depend on the disability, the housing environment, and the process necessary to create equal access. Only applications that represent a qualifying disability will be considered for housing accommodations. Students who qualify for disability-related housing accommodations under Section 504 of the Rehabilitation Act of 1973 and the subsequent Americans with Disabilities Act (ADA) of 1990 as amended in 2008, will receive any such accommodations without any additional charge. SUNY Oneonta reserves the right to amend this policy at any time as circumstances require.

- When requesting a housing accommodation, applicants are expected to have already applied for SUNY Oneonta housing and have met all eligibility requirements and payment deadlines.
- All accommodations are determined by the Office of Accessibility Resources (OAR) staff on an individualized and case-by-case basis according to documented need and prevailing standards for reasonable accommodations.
- A recommendation of housing accommodation is forwarded to the Office of Residential Community Life.
- The Office of Residential Community Life makes housing assignments based on availability.

How to Apply for a Reasonable Housing Accommodation

THE STUDENT MUST COMPLETE SECTION A (PAGE 3) OF THIS FORM. The student’s signature provides the appropriate College staff member permission to speak with the professional who completes the information in section B (pages 4-6).

THE TREATMENT PROFESSIONAL COMPLETES SECTION B (PAGES 4-6) OF THIS FORM. Please understand that submission of this form does not guarantee that the specific accommodation requested will be granted.

- Factors we consider when evaluating housing accommodation requests include the severity of the disability, thorough information on Sections A and B, timing of the request, and the feasibility of the request.
- The housing accommodation process considers access for living purposes only and not for other aspects of the college experience, such as studying.
- Please be advised that single rooms are reserved for individuals with specific needs that may only be met in single spaces.
- Building-specific requests and roommate requests are not considered a reasonable accommodation and generally will not be evaluated by the Office of Accessibility Resources.
Required Submission Dates

- **Fall 2020 session** submit by: June 5, 2020
- **Spring 2021 semester** submit by: November 30, 2020
- **Summer 2021 semester** submit by: April 15, 2021

Housing spaces at SUNY Oneonta are limited. As spaces are assigned to all students, fewer options exist for reasonable accommodations to be made. Therefore, requests for housing accommodations are asked to adhere to the above submission dates.

The individual making the request for an accessible housing accommodation should complete and provide **both** Sections A and B of this form as soon as practically possible before moving into College housing. However, if the request for accommodation is made **after the required submission date**, SUNY Oneonta cannot guarantee that it will be able to meet the individual’s accommodation needs during the first semester or term of occupancy.

If the need for accessible campus housing arises when an individual already resides in College housing, they should contact OAR and complete the steps to request a housing accommodation as soon as practically possible. SUNY Oneonta cannot guarantee that it will be able to meet the accommodation needs during the semester or term in which the request is received.

**Determination**

Documentation supporting a request will be reviewed by the Accessible Campus Housing Committee and all documentation will be held by the OAR. The Accessible Campus Housing Committee will evaluate all requests for disability related accommodations carefully and when necessary, in consultation with other offices on campus. **The student will be notified of the decision by the Accessible Campus Housing Committee via Oneonta e-mail approximately 10-14 business days after receipt of all required documentation.**

If the request is approved, the student will be required to register with the OAR as a student with a documented disability. The recommendation for a housing accommodation will then be forwarded to the appropriate personnel in the Office of Residential Community Life. The college reserves the right to request updated documentation every academic year to verify the continued need for accessible campus housing.

The Office of Residential Community Life will make a housing assignment based on availability of spaces. The assignment generally pertains only to the student requiring the reasonable accommodation and not to any associated roommate(s).
REQUEST FOR ACCESSIBLE HOUSING ACCOMMODATIONS

SECTION A – STUDENT INFORMATION (to be completed by the student)

Student Name: ___________________________  Student A#: ___________________________

Date of Birth: ___________________________  Cell Phone: ___________________________

Home Address: ___________________________  Oneonta e-mail: ___________________________

1. Please describe the disability that necessitates your need to have a housing accommodation.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. Describe the accommodation which you believe is necessary for you to have equal access to the campus living environment.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

I authorize SUNY Oneonta to receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the appropriate College personnel to make a determination of reasonable and necessary accommodations. My signature also indicates that the statements and documentation have been provided by me. I understand that providing false information would constitute a violation of the SUNY Oneonta Student Code of Conduct and might result in disciplinary action.

Provider Name: ___________________________

Provider Address: ___________________________

Provider Phone: ___________________________

Student Printed Name: ___________________________

Student Signature: ___________________________  Date: ___________________________
SECTION B: TREATMENT PROFESSIONAL SECTION (to be complete by the treatment professional)

Student Name: ________________________________________________________________

To determine eligibility for a reasonable accommodation in housing, SUNY Oneonta requires current and comprehensive documentation of the student’s disability from an appropriate licensed professional or healthcare provider. The provider must be familiar with the history and functional limitations of the student’s disability. The professional completing this form cannot be a relative of the student. The documentation that supports the student’s request must address the questions below.

Please note that SUNY Oneonta’s campus housing has very few single occupancy rooms.

1. Diagnostic statement: identify the disability, and the diagnostic codes of the condition (e.g. DSMV or ICD-10):
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Describe current treatment, medications (if any), and potential adverse side effects of medications, if relevant:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Check all relevant functional limitations that are substantially limited:

   ___ Walking        ___ Hearing         ___ Learning (including memory/concentration)  ___ Seeing
   ___ Sleeping       ___ Caring for self  ___ Interacting with others
   ___ Climbing stairs ___ Working        ___ Performing manual tasks
   ___ Other, please describe: ___________________________________________________________________

   Severity of current symptoms (check one): ☐ Mild  ☐ Moderate  ☐ Severe

4. Is the student’s disability permanent, temporary, or episodic? __________________________________________

5. Date of most recent assessment of this diagnosis (last in-person visit with you): __________________________
6. Please explain how each functional limitation will specifically affect your client’s ability to live in campus housing:

________________________________________________________________________

________________________________________________________________________

7. Please suggest reasonable accommodations. Each recommendation must be supported by the diagnosis. Please discuss the rationale for each suggested accommodation relating it to a specific functional limitation.

________________________________________________________________________

________________________________________________________________________

8. Please state alternatives to meet the documented need if the first request cannot be met.

________________________________________________________________________

________________________________________________________________________

9. Additional comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

TREATMENT PROFESSIONAL INFORMATION (to be completed by the treatment professional)

To determine eligibility for a housing or meal plan accommodation, SUNY Oneonta requires the student to be a qualified student with a disability (i.e., have a physical or mental impairment that substantially limits one or more major life activities) and submit documentation from an appropriate licensed professional or healthcare provider. As the provider you must be familiar with the history and functional impact of the student’s disability. You are not eligible to complete this form if you are related to the student. The documentation that supports the student’s request should reflect your own responses to the questions on this form. My signature that I or my designee personally completed this form, that I am treating this student, and that I

Provider Name: Date:

Provider Signature:

Provider License Number: State of Licensure:
COMPLETED FORMS

Completed forms should be faxed to: 607-436-3167

Or mail to:

SUNY Oneonta, Office of Accessibility Resources
108 Ravine Parkway
133 Milne Library
Oneonta, NY 13820