

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 that 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.

Required Submission Dates

- **Returning Students: March 15 (or per the Residential License Agreement Form Deadline)**
- **New Incoming Students: June 15 (or per the Residential License Agreement Form Deadline)**
- **Spring Admits: December 15**
- **Summer Requests: April 1**

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.

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 practicably 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:

- 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.

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 recommendation for a housing accommodation will then be forwarded to the appropriate personnel in the Office of Residential Experience and Housing. 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 Experience and Housing 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#:

Chosen Name:

Date of Birth:

Cell Phone #:

Home Address:

Oneonta Email:

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.

3. Please indicate what semester you plan to use this accommodation: Fall/Spring (circle one) 20__

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 PROVIDER INFORMATION FORM
(to be complete by the treatment professional)
Student Name: _____

To determine eligibility 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 health care provider need not use this specific form. The documentation that supports the student's request must address the questions below in order for the institution to consider the request for accommodations; the form is provided as a convenience.

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 the 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. Please indicate how long you've been treating the student, and date of the last 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 PROVIDER INFORMATION (to be completed by the treatment professional)

To determine eligibility for accommodations, 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 indicates that I or my designee personally completed this form, that I am treating this student, and that I am not a relative of the student.

Provider Name:

Provider Phone:

Provider Address:

Provider License Number:

State of Licensure:

COMPLETED FORMS

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

Or mailed to:

SUNY Oneonta, Office of Accessibility Resources

108 Ravine Parkway

133 Milne Library

Oneonta, NY 13820