



## Office of Accessibility Services and Residence Life

# Special Housing Request Form and Process

Please read this entire form. Students may request special housing if they have a qualified medical condition or psychological/medical disability defined by the Americans with Disabilities Act. The initial request for housing accommodations is to be made with the Accessibility Services Coordinator according to the set dates and guidelines below. This request form needs to be completed and returned in person or through a scanned email from the provider to the Coordinator of the Office of Accessibility Services:

Coordinator, Office of Accessibility Services  
Phone: (973) 290-4261  
Email: [accessibility@steu.edu](mailto:accessibility@steu.edu)

New students deadline: July 1st  
Returning students deadline: April 1st

### Student Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SEU ID #: \_\_\_\_\_ SEU email: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Housing Assignment: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

**Section to be completed by Physician/Medical or Psychological Provider:**

\* Provider Signature: \_\_\_\_\_

\* Print Name: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ State, License No.: \_\_\_\_\_

\* PLEASE NOTE: License number, if applicable. Requests will not be processed without provider signature and license number.

1. Please indicate the nature of the special housing request:

Medical \_\_\_\_\_ Food Related \_\_\_\_\_ Mental Health \_\_\_\_\_

2. What specific housing accommodation are you recommending?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is your diagnosis for the student? Please include the DSM V or ICD 10 Codes.  
How does the stated request relate to the student's condition?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What major life activity(ies) is/are substantially limited by the student's condition? Please provide details regarding the chronicity, duration and severity of these limitations.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. How will the requested housing accommodation address the limitations described above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What other options are available for improving the limitations described above?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. What potential adverse effects could result from the requested housing accommodation?

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8. How long have you been working with the student?

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**NOTE: Please feel free to attach any additional documentation supporting this request.**

**Provider:**

**Please answer these additional questions for an Emotional Support Animal request:**

1. What is your diagnosis of the student with his/her disability? Please include the DSM V or ICD 10 codes.

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2. How long has the student been under your care? Does the student require ongoing treatment from you? Another provider? If so, who? Please include contact information.

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3. Which specific symptoms will be reduced by having the animal? Please describe the nexus between the animal and the symptom reduction.

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4. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing on campus? Do you believe those additional responsibilities might exacerbate the student's symptoms in any way?

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**Important Process Information:**

A completed request consists of this form and any additional materials/documentation that includes particular details. **The provider may not be someone with whom you have a significant emotional relationship** (e.g. parent, sibling, or other relative).

Once your complete request is received, the Accessibility Services Coordinator will work with the Housing Committee to determine your needs and availability. **We may request additional information from your provider** who is primarily responsible for treating your particular condition.

**Students Please Note:** All requests will be reviewed on a case-by-case basis and documentation of a specific need or disability does not guarantee that your request will be approved. Assignments are approved only if deemed necessary by the College and only if the space is available. Assignment to specific residence or roommate cannot be guaranteed. All students approved for special request housing are not eligible to participate in the room selection process but will receive a housing assignment with the approved accommodations. A student who requests accessibility housing accommodations through this process has 5 business days to accept or decline the accommodation from the date the accommodation is offered. **(It is the responsibility of the student to check email for communication about this request.)**

\* New students must participate in the Housing Deposit and Housing Application processes while they are going through the accommodation process, to be eligible for housing.

Special accommodations are extremely limited and thoroughly screened. After the Housing Committee has reviewed the request, they will make a recommendation to the Office of Residential Life. The approval and/or denial will be communicated in writing via email by the Office of Accessibility Services. **(It is the responsibility of the student to check email for communication about this request.)** For those students with a documented disability who have been approved for a single room as an accommodation, the single room housing rates will be waived.

**I have read this form thoroughly and agree to the process described in this form:**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* PLEASE NOTE: Requests will not be processed without student signature.

**Please submit to the Office of Accessibility Services NO LATER THAN these deadlines:**

**New Students: July 1st**

**Returning Students: April 1st**