

Please Return to Student Accessibility Services:
350 New Campus Drive Brockport, NY 14420-2914
sasoffice@brockport.edu
Phone: (585) 395-5409
Fax: (585) 395-5291

Housing Accommodation Request Form:

ADA Statement:

The State University of New York College at Brockport can provide accessibility services for individual students who have a documented disability protected under the Americans with Disabilities Act (ADA). According to ADA, a disability is defined as impairment substantially limiting a major life activity. **This application is designed to help our office determine a student's eligibility for services. Student Accessibility Services is ultimately responsible for determining appropriate and reasonable accommodations.**

- **Please understand that the submission of this application does not guarantee that the specific accommodation requested will be granted.**
- **Housing accommodations are designed to ensure equal access to the residential environment and may differ from student request and/or medical provider recommendation.**

Directions:

All the following steps must be completed before a determination of a housing request can be made:

- 1.) Complete Housing Accommodation Request Form.
 - a. Part A – Completed by student.
 - b. Part B – Completed by medical provider.
- 2.) Provide any additional documentation (optional).
- 3.) Engage in interactive conversation with accessibility specialist.
- 4.) Housing Decisions will be communicated within five business days of the interactive meeting.

Additional Information:

Please note residence halls are not designed to be study spaces. There are places on campus for students to have quiet places to study or be by themselves.

While some students may have a preference for housing, the purpose of accommodations is to ensure equal access to campus housing. Please keep that in mind while filling out this form. Additionally, while we value the input of medical providers, the determination of accommodation will be decided by an accessibility specialist in the SAS Office. This documentation will aid our decision-making process.

Section A: Student Housing Accommodation Request

This section must be completed and signed by the student.

Student Name:

800#:

Email:

Phone:

Signature:

Date:

1. Please describe how your disability impacts your ability to function in the Residential Hall setting. Please note residence halls are not designed as places to study. There are other places on campus for quiet study:

2. Please describe your previous experiences in the Residential Halls or any other shared living spaces:

3. Please describe how you manage your symptoms outside of the residence hall:

4. Please describe the specific accommodation which you believe necessary for you to have equal access to the campus living environment:

Section B: Treatment Provider Information:

This section **MUST** be completed and signed by the treatment provider.

Provider Name:

Practice Name:

Address:

Phone Number:

Signature:

Date:

Diagnoses:

Current Relevant Diagnosis	Diagnosis Date	Severity (pick 1)	Anticipated Duration (pick 1)
		Mild Moderate Severe	Short Term Episodic Chronic
		Mild Moderate Severe	Short Term Episodic Chronic
		Mild Moderate Severe	Short Term Episodic Chronic

Details: Please provide the details of the disability diagnosis including a summary of treatment and length of time you have been treating the student.

Functional Limitations: Please indicate level of impact on major life activities.

Functional Area	Substantial	Moderate	Mild	None	Don't Know
Communicating					
Hearing					
Seeing					
Mobility (walking, climbing stairs, etc...)					
Sleeping					

Caring for self					
Interacting with others					
Other					

1. Please describe how the student's current functional limitations that fell into the "substantial" or "moderate" range will impact the student's ability to live in campus housing and any reasonable accommodations you would recommend to attempt to mitigate the limitation listed.

Functional Limitation:

Recommended Reasonable Accommodation:

Accommodation Duration Recommendation (ex. 1 month, 1 semester, duration of college career):

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Recommended Reasonable Accommodation:

Accommodation Duration Recommendation (ex. 1 month, 1 semester, duration of college career):

2. If the student was not to have these accommodations , would this prevent them from living in the residence hall? Please explain.

3. If the student was not to have these accommodations, would they no longer be able to attend SUNY Brockport? Please explain.