



Saint Elizabeth University
Office of Accessibility Services and Residence Life

Accessibility Housing Request Physician Form

Office of Accessibility Services

Phone: (973) 290-4261

Email: accessibility@steu.edu

Students 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 Amendments Act (2008). The initial request for housing accommodations is to be made with the Accessibility Services Coordinator, according to the set dates and guidelines below. [Click Here For Student Clockwork Link](#). begin by filling out an intake form on Clockwork and book an appointment on Clockwork with Accessibility Services. This completed and signed physician form needs to be uploaded by the student to the Clockwork Accessibility Services portal under 'Student files.' Please reach out to Accessibility Services if you need assistance with this.

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. Spouse, 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 of rooms. **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. Assignment to a specific residence or roommate cannot be guaranteed. 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 and the student will be charged based on a double occupancy room.

Students please log onto Clockwork and click 'Online forms' and fill out the Accessibility Housing Request online form. Then upload this completed document to Clockwork under 'Student Files' by the deadline below.

New students: July 1st

Returning students with a current Accessibility room assignment: Please log onto Clockwork and click on 'Online Forms ' and click 'Request to Renew Medical Housing.' and complete the online form.

Student Information:

Student's Last Name: _____

Student's First Name: _____

Student Signature: _____ Date _____

SEU ID #: _____

SEU email: _____

Home address: _____

_____ Cell Phone #: _____

This Section is to be Completed by the Provider

Section to be completed by physician/medical or mental health provider

1. Please indicate the nature of the special housing request

.Medical _____ Food Related _____ Mental Health _____ Other _____

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) or bodily function(s) 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 besides a medical single room are recommended for improving the limitations described above?

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

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

Provider Signature: _____ Date: _____

Print Name: _____

Practice Address: _____

Phone Number: _____

State, License No. _____

This form contains a total of 5 pages.

Healthcare provider, please provide supporting documentation for the patient's diagnosis using a professional letterhead that includes your health practice logo, address and phone number for verification purposes.

