Special Housing Request Form

Dear Student,

In order to fully evaluate your request, The Office of Accessibility Services, will need documentation of your condition or disability. Documentation should be current and comprehensive in light of the request and consist of an evaluation by an appropriate professional that describes the current functional impact of the condition or disability as it relates to the housing modification or accommodation requested.

Documentation provided will be used by the office to evaluate your request. The office will generate a list of potentially reasonable modifications or accommodations based on:

Information provided by the diagnosing professional

Potential effectiveness

Maximum level of integration

Potential for an undue financial or administrative burden

HPU reserves the right to request additional documentation if the information submitted appears to be outdated, inadequate in scope, or content, does not address the student's current level of functioning or substantiate their need for modifications or accommodations. Students will be notified in writing of the university's decision.

The attached *Certification of Condition or Disability Form* has been developed to assist you in working with your diagnosing or treating professional to prepare the information needed to evaluate your request. **Please complete the attached form and return it to The Office of Accessibility Services.**

Questions about the Special Housing Request process may be directed to Accessibility Services at disabilityresources@hpu.edu or by contacting the Office of Accessibility Services at Phone (808) 544-1197.

Special Housing Request Form

Certification of Condition or Disability Form **PART 1 of 2**

To Be Completed by the Student

1. The Office of Accessibility Services will be unable to consider any requests for housing modifications or accommodations until all the requested information is received.
2. Fill out your name, address, Student ID, date of birth, in the space provided below.
3. Have a qualified diagnosing/treating professional, who is familiar with your condition or disability complete PART 2 of the form. You may need to explain the purpose of the form to your clinician. *Note: The diagnosing/treating professional should not be an immediate family member.*
4. Return this form, along with any supporting documentation to:

The Office of Accessibility Services
Center for Academic Success
Hawaii Pacific University
1060 Bishop Street, 6th flr
Honolulu, HI 96813

Student Name: Click or tap here to enter text.

ID#: @Click or tap here to enter text. Date of birth: Click or tap here to enter text.

Sex: ☐ M ☐ F ☐ Other

Street Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Home Phone: Click or tap here to enter text.

Cell Phone: Click or tap here to enter text.

Current Academic Level: ☐ Incoming Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ Grad Student

This request is for housing in the ☐ FALL ☐ SPRING ☐ SUMMER

Special Housing Request Form

Describe Your Special Housing Request (check all that apply):

☐ Modified equipment for deaf or hard of hearing person, including TTY and fire alarms

☐ Wheelchair accessible Residential Dorm

☐ Avoid stairs and/or must be on a lower level

☐ Wheelchair accessible shower

☐ Lowered Closet rods

☐ Wheelchair access to elevator

☐ Shower seat

☐ Wheelchair accessible furnishings (i.e. desk)

☐ Other: Click or tap here to enter text.

Explain how your request relates to your medical condition or disability: Click or tap here to enter text.

To be complete, requests must include the student's signature affirming agreement and clear responses to the questions above. Requests must be submitted in a timely fashion according to the deadlines for housing applications for each academic term.

As indicated by the signature below, the student submitting this request agrees that any information relevant to consideration of the request may be reviewed by appropriate University staff in evaluation and in any subsequent provision of accommodations.

X _____

Student signature

Special Housing Request Form

Certification of Condition or Disability Form **PART 2 of 2**

To Be Completed by Diagnosing/Treating Professional

1. Fill out your name, certification and contact information below.
2. Provide information addressing the nine separate items listed below by filling out this form or providing a printed narrative on your official letterhead.
3. Should the information requested below be contained in a current, comprehensive evaluation report – please attach a copy of the report to this form.
4. *Please note: The patient should not be an immediate family member.*

Student Name:

1. Diagnostic statement identifying the condition or disability: Click or tap here to enter text.
2. Date of the most current diagnosis: Click or tap here to enter text.
3. Date of original diagnosis: Click or tap here to enter text.
4. Description of the current substantial functional impact of the condition or disability on a major life activity: Click or tap here to enter text.
5. Treatments, medications, and/or assistive devices/services currently prescribed or in use: Click or tap here to enter text.
6. Description of the expected progression or stability of the impact of the condition or disability over time, particularly the next 5 years. Click or tap here to enter text.
7. The condition or disability described above is:

   ☐ Permanent/Chronic
   ☐ Long term: 6-12 months
   ☐ Short-term/Temporary: 6 months or less:
   Expected duration Click or tap here to enter text.

8. **Please list any recommendations for housing modifications or accommodations and indicate how these modifications or accommodations would mitigate the substantial functional impact of the condition or disability.** If relevant, you may also choose to address issues concerning impact on academic performance, social, and emotional well-being as well as the relationship of recommendations to the treatment plan and any negative impact that might result if accommodations are not provided. Use additional sheets as needed.Click here to enter text.

Special Housing Request Form

Please Check the Most Appropriate Description For this Individaul:

I, the undersigned diafnostic/treating professional, certify that the above named student:

Check One: ☐ Meets the definition of a disability* as defined by the American's with Disabilities Act & Section 504 of the Rehabilitation Act of 1973.
***Impairment that substantially limits a major life activity.*

☐ Has a medical condition that is not a disability, but may warrant consideration for special housing modifications.

☐ Does not have a condition that would require the requested modification(s).

Qualified Diagnostic/Treating Professional Information:

Please type or print. Thank you.

Name: Click or tap here to enter text.
Title: Click or tap here to enter text.
Certifications or Licensure: Click or tap here to enter text.
Address: Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

Telephone Number Click or tap here to enter text. Fax Number: Click or tap here to enter text.
Email: Click or tap here to enter text.

X _____
Signature/DATE

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