

DISABILITY-RELATED HOUSING ACCOMMODATION REQUESTS

The following guidelines have been established to provide students with an opportunity to request disability-related housing accommodations if they have specific functional limitations that would otherwise prevent equal access to on-campus housing at SSU, consistent with the Americans with Disabilities Act and Section 504 of the Rehabilitation Act.

A request for disability-related on-campus housing accommodations is determined on a case-by-case basis after consideration of the functional impact of the student's limitations as they relate to living on campus, the availability of the requested housing accommodation, and the respective needs of all applicants. Accommodations that are not essential to receiving equal access to on-campus housing will be considered as a "preference" rather than a disability-related accommodation.

The request for disability-related housing accommodations will be reviewed by appropriate professional staff in the DSS office who will be in consultation with Housing staff with regard to the requested accommodations and the availability of on-campus housing.

Procedure for requesting disability-related housing accommodations:

1. Students must have applied for housing via the SSU Housing website at <http://www.sonoma.edu/housing/>
2. Students must be eligible for University housing and meet deadlines and payments as established by SSU Housing. If you are concerned about your housing eligibility, please consult the SSU Housing Office.
3. Complete the DSS Student Intake form, http://www.sonoma.edu/dss/media/print/intake_form.pdf, and Disability-Related Housing Accommodation Request form (see below) and submit to the DSS office.
4. A certified licensed professional -- psychologist, psychiatrist, neurologist, primary care physician, LCSW, or LMFT (not a relative of the applicant), must complete the Verification of Disability Form for Medical Providers (see below).
5. For emotional support animal (ESA) requests, complete the ESA information in its entirety.
6. DSS only recommends accommodations based on a documented medical need; Housing office handles housing preferences.
7. The Disability-related Housing Accommodation Request form will be reviewed after the student and the qualified health provider have both submitted the requested information to the DSS office.
8. If a recommendation is made, then DSS will notify the student and the Housing office. The Housing office will then notify the student when an offer becomes available. In the event that the DSS denies the request, the student will be notified directly via email.
9. All documentation obtained by the DSS office related to the disability-related housing accommodation will be maintained in a secure location by DSS per FERPA guidelines and will be utilized to determine the student's housing accommodation.
10. Students may also seek academic accommodations by meeting with a DSS Disability Management Advisor to discuss whether functional limitations might also affect classroom performance. Additional disability documentation may be needed to document this need.
http://www.sonoma.edu/dss/students/register_for_services.html
11. SSU Disability Access for Students Policy: <http://www.sonoma.edu/policies/disability-access-students>



1801 East Cotati Avenue
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DISABILITY SERVICES FOR STUDENTS

Division of Student Affairs

707.664.2677 • Fax 707-664.3330 • Dial 711 for Relay
www.sonoma.edu/dss

Housing Accommodation Request Form (1/4)

After you complete this form, please fax OR mail directly to the DSS office. Partially completed applications will not be processed.

Name: SSU ID#

Sex: Date of birth:

Mailing address:

Primary phone (student): E-mail (student):

Date you applied for housing (MM/DD/YYYY):

Housing assignment – for which an accommodation is being requested:

Academic year (i.e.: 2018-2019):

Academic Term:

Fall	Winter
Spring	Summer

Check all that apply:

New student	Senior	Late Admit
Freshman	Graduate	Re-Admit
Sophomore	Transfer	Summer School Only
Junior	Continuing	Other:

I am requesting the following change in rule, policy, practice or procedure because of my disability or I request the following physical change to my unit or other part of the housing community because of my disability:

How, specifically, will the requested housing accommodation reduce the barriers associated with your disability?



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Housing Accommodation Request Form (2/4)

In order to assess your needs and to be better understand your request, the DSS office asks that the student complete this section of the Housing Accommodation Request form. Please note that his information may be shared with Housing and the Office of Residential Life.

I am in possession of and will require the following in my room:

- | | |
|------------------------------------|-------------------|
| Power Wheelchair | Manual Wheelchair |
| Hospital/Adjustable Bed | Shower Chair |
| Oxygen Tank | Ventilator |
| Walker/Crutches/Braces | Bedside Commode |
| Specialized Mattress | Ergonomic Chair |
| Specialized Furniture or Equipment | |

Assistive Devices (SSU may be able to provide):

- | | |
|-----------------------------|---------------------------------------|
| Roll-in Shower | Grab Bars |
| Wheelchair Accessible Sinks | Flashing Emergency Lights & Detectors |
| Other | |

I am requesting:

- No more than one roommate.
- A room of my own. (Please be aware that SSU has very few single occupancy housing units available).

Attendant (Not provided by the University)

- | | |
|----------------------------|------------------------------|
| Live-in, 24 Hour Attendant | Non-Live-in, Daily Attendant |
| Attendant Hours: | |

Animals (Choose one)

- Emotional Support Animal*
- Service Animal
- Type of Animal

Housing Accommodation Request Form (3/4)

For a service dog or miniature horse, please answer the following: Is the dog or horse a service animal required because of a disability?

Yes

No

If you answered Yes, what work or task has the dog or horse been trained to perform?

Regarding service animals: ADA rules define “service animal” as any dog that is individually trained to do work or perform tasks for the benefit of an individual with a disability, including a physical, sensory, psychiatric, intellectual, or other mental disability. Department of Justice rules specify, “the provision of emotional support, well-being, comfort, or companionship do not constitute work or tasks for the purposes of this definition.” Thus, trained dogs are the only species of animals that may qualify as service animals under the ADA (there is a separate provision regarding miniature horses) and emotional support animals are expressly precluded from qualifying as service animals.

**For emotional support animals, please fill out the remaining portion of this form. Otherwise, please skip this part and have your clinician or medical provider complete the section to follow.*

Regarding emotional support animals:

- Please note that DSS office does not accept letters from the numerous online companies who (in exchange for a fee) purport to offer verification or certification of the need for an emotional support animal. To warrant approval of a request for an emotional support animal, a student should be prepared to submit appropriate medical documentation describing the functional limitations caused by the disability and the manner in which the support animal ameliorates these limitations.
- The “Emotional Support Animal Questionnaire” must be completed in order for DSS to determine if a specific animal is determined appropriate to serve in the role of my ESA. The student will submit this questionnaire if the ESA accommodation is approved by the DSS office.
- The animal must not be brought into the residential community unless formally approved as a disability-related accommodation, per SSU Policy. Failure to follow campus policy could result in disciplinary action.

<http://www.sonoma.edu/policies/animals-campus>,

<http://www.sonoma.edu/housing/docs/publications/policies2017.pdf>



Housing Accommodation Request Form (4/4)

- Please also note the following:
 - ESA approval does not guarantee the applicant University housing. A student must be assigned housing prior to applying for an ESA.
 - Approvals are valid for one year; students must submit updated documentation describing the ongoing need for an ESA on an annual basis.
- The student must maintain proper care and control of the animal. Failure to do so may result in the removal of the animal from University housing, even if granted approval for an ESA.

I understand that the presence of an animal may bring with it attention from others on campus or assumptions about my disability status.

Yes No

I understand that I am required to maintain proper care and control of the animal at all times.

Yes No

I understand that even if the animal is approved as an accommodation, I may be asked to remove the animal if it poses a safety threat to other students or staff on campus.

Yes No

I understand that in the event of an emergency or illness, I am required to make arrangements for the animal. This responsibility does not fall on university housing staff or other students.

Yes No

I understand that an emotional support animal is only allowed in housing and cannot accompany me to classrooms, lecture halls, dining halls, or other campus spaces outside of housing.

Yes No

Student Signature

Date



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Verification of Disability Form For Medical Providers For Housing Accommodations (1/3)

To medical provider: The student named below has indicated that they have a disability and will require reasonable housing accommodations. The information you provide will be used to determine the nature and severity of the student’s condition and the appropriateness of requested accommodations or services. Please take the time to complete this form in its entirety. Contact the Disability Services for Students (DSS) office at (707) 664-2677 with any questions. All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). A signed consent for release of information should be completed by the student prior to the release of this form. Thank you for your assistance.

By completing this form, you are certifying that you are not related to the student by blood or marriage.

Name:

Date of Birth:

Medical Professional

License #:

Address:

Phone:

Dates of treatment:

Has the student been diagnosed with a condition as described by the DSM-5 or ICD-10?

Yes

No

Onset of condition:

Current status of condition:

Active

Progressing

Controlled

In Remission

How long do you anticipate that the student will be impacted by the disability?

6 months

1 year

Permanent/Chronic

Please list procedures/assessments used to diagnose this student’s condition:

Verification of Disability Form For Medical Providers For Housing Accommodations (2/3)

In comparison to someone in the general population, please rate the severity of the student's functional limitations noted below:

Symptoms and Major Life Activities Impacted

*Severity Scale: 1= N/A, 2=mild, 3=moderate, 4=severe

	1	2	3	4
Immunodeficiency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fatigue	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mobility	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer interaction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating (special dietary needs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



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Verification of Disability Form For Medical Providers For Housing Accommodations (3/3)

What exacerbates the specific disability(ies) the student has? (Please be specific and detailed as possible):

If the student is currently taking medication, please include any side effects that impact the student's functional limitations:

Please describe the impact that the student's condition will have on their ability to live in University Housing:

If a specific housing accommodation is recommended, please describe how this accommodation would reduce the impact of the student's functional limitations:

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified health care provider.

Medical Provider Signature

Date