



## ACCOMMODATIONS REQUEST PACKET

### For Housing and Dietary Needs

The University of Redlands is a **residential campus**; every effort will be made to make reasonable accommodations for students with disabilities who need housing & dietary adjustments to live on campus. Off-campus housing will be explored as an option **ONLY** when on-campus housing and dietary options have been exhausted. This process exists for students with disabilities demonstrating needs for a housing or dietary accommodation. Student *preferences* can be expressed through the regular housing request process.

#### Process

1. Submit current documentation of a qualifying disability from a licensed health care provider.
2. Student completes relevant part of the Accommodations Request Questionnaire.
3. Licensed and qualified health care provider completes (a) Authorization for Release of Confidential Health Information and (b) relevant part of the Accommodations Request Questionnaire.
4. Student prepares a personal statement as to the reason or reasons for the accommodations request. Please provide as much detail as possible in this statement.
5. Turn in the completed items from 1 through 4 above to Academic Success & Disability Services by the appropriate Housing Selection deadline. Information about the housing selection process, including deadlines, can be found at <https://www.redlands.edu/student-affairs/residence-life-housing/important-dates-and-announcements/> you also can contact Residence Life & Housing at [rlh@redlands.edu](mailto:rlh@redlands.edu). The required material may be submitted in person, by email, or by fax to:  

Accommodations Committee, University of Redlands  
c/o Academic Success & Disability Services, Student Development Center  
1200 E. Colton Avenue, Redlands, CA 92373  
Email: [amy\\_wilms@redlands.edu](mailto:amy_wilms@redlands.edu)  
Phone: (909) 748-8069 Fax: (909) 335-5296
6. The Accommodations Committee meets monthly to consider the request and contacts the student with a decision by email and intercAMPUS mail (if classes are in session).
7. To read the complete Policy for Housing & Dietary Accommodations, go to: <http://www.redlands.edu/student-affairs/academic-success-and-disability-services/disability-services/housing--dietary-accommodations/>.

#### Housing Accommodations

- Ensure your medical or mental health professional identifies **specific** requested accommodations that are necessary to address your specific disability in a housing environment.

**\*\* Do NOT sign a lease for an off-campus rental property until you receive approval to move off campus from the Accommodations Committee.\*\*** If you are not approved to move off campus you will have to pay housing & meal plan fees, and therefore may be obligated to pay **both** the lease and University costs if a lease is signed prematurely.

#### Dietary Accommodations

- Ensure your medical professional identifies **specific** requested accommodations that are necessary to address your specific disability in a dietary environment. Details about specific foods that cannot be consumed, or about dietary regimens, is most helpful for purposes of the conversation and evaluation that is referenced in the next bullet point.
- Before completing this Accommodations Request Packet, you will need to meet with Camila Kafie, Health & Wellness Manager, to determine if their resources can meet your dietary needs – she can be reached by email or phone at [kafie-camila@harvesttableculinary.com](mailto:kafie-camila@harvesttableculinary.com) or 909-488-9815. An email will be sent to the Accommodations Committee

summarizing the conversation and is a **required** part of the information to be considered in your request. Please be aware Harvest Table is able to meet most dietary needs (e.g., vegan, vegetarian, gluten-free/intolerant).



## **Policy and Guidelines for Housing and Dietary Accommodations for Students and Applicants with Medical and/or Psychological Disabilities**

### I. General Policy

The University of Redlands is committed to full compliance with the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and other applicable federal or state laws and amendments that provide students with disabilities the right to pursue their education free from unlawful discrimination. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

### II. Policy and Procedures

The University of Redlands is a residential campus. Reasonable accommodations will be made to adjust the University's housing and dietary policies when necessary to permit students with disabilities to experience the educational benefits of residential campus life. Examples of accommodations may include a quiet residence hall, a ground floor room, a private bathroom, an individualized meeting with a representative of Harvest Table, etc. Current documentation of a disability or disabilities and the need for an accommodation is required from a licensed and qualified health professional. Recommendations within the documentation will be considered when determining accommodations based on functional limitations that may impact the student in a housing and/or dining setting.

Off-campus housing will be explored as an option **ONLY** when on-campus housing and/or dining options have been exhausted.

Housing room rates do not change because accommodations are requested and/or granted.

- Documentation is kept electronically and in private files in Academic Success & Disability Services, and will be only shared with the Accommodations Committee in considering each request. Documentation must be submitted for review well ahead of the deadline provided by Residence Life & Housing, and keeping in mind the Accommodations Committee meets monthly - <https://www.redlands.edu/student-affairs/residence-life-housing/important-dates-and-announcements/>.

### III. Guidelines for Policy Implementation and Procedures

A student requesting housing and/or dietary accommodations can download the Accommodation Request Packet, and it is available online at <http://www.redlands.edu/student-affairs/academic-success-and-disability-services/disability-services/housing--dietary-accommodations/>.

The packet includes:

- Authorization for Release of Confidential Health Information
- Accommodation Request Questionnaire (completed by professional and student)
- Policy & Guidelines for Housing & Dietary Accommodations

The student needs to complete the Authorization for Release of Confidential Health Information and the student information portion of the Accommodation Request Questionnaire. **Both** forms should be given to the licensed and qualified health professional who can provide complete and current medical information to assist the Accommodation Committee during the review process.

University of Redlands Academic Success & Disability Services  
1200 E. Colton Avenue  
Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296

All answers to the questions on the forms, both from students and from health professionals, **must** be legible. The provider may be asked to provide additional related information.

**Physical Disabilities:** A student with a physical disability must provide current documentation of a disability certified by a licensed physician, audiologist, speech pathologist, physical therapist, rehabilitation counselor, or other professional health care provider who is qualified in the diagnosis of the disability. The verification must reflect the student's present level of functioning in the affected major life activity. Students with specific medical diagnoses that require dietary accommodations will be required to meet or speak with a representative of Harvest Table to determine if those dietary needs can be met through the dining program on campus. A summary of that meeting will be provided by the representative of Harvest Table, which the Accommodation Committee will take into consideration when making a final decision.

**Psychological Disabilities:** A student with a psychological disability must provide current documentation of a disability, certified by a licensed mental health professional who is qualified in the diagnosis of the disability. The verification must reflect the student's current level of functioning and the degree of impact of the diagnosed disorder on a specific major life activity. The mental health professional must also provide additional related evaluative results (e.g. psycho-educational evaluation, neuropsychological test results, etc.), if applicable.

Students who already have psycho-educational testing on file and are interested in requesting housing accommodations need to complete the Authorization for Release of Confidential Health Information and the Accommodation Request Questionnaire, with the Diagnostic Information section to be completed by a licensed and qualified health professional.

The Accommodation Committee will review all requests for housing and dietary accommodations and will give full and consistent consideration to each request. The committee members are: Senior Associate Dean of Student Affairs, Assistant Dean of Academic Success & Disability Services, Director of the Health Center, Director of Counseling, and a College of Arts & Sciences faculty member. As mentioned above, the representative of Harvest Table will serve in a consultative role by meeting with all students with special dietary needs; relevant documentation will be shared with Harvest Table when necessary. All information reviewed by the committee is kept strictly confidential, except in cases of appeal when all relevant information will be forwarded to the University Dean of Student Affairs or designee.

Students will be notified of the Committee's decision either by campus mail or email, or both in most cases.

Temporary impairments (6 months or less) are not commonly regarded as disabilities, and only in rare circumstances will the degree of limitation rendered by a temporary impairment be substantial enough to qualify as a disability pursuant to this policy.

#### IV. Appeal Process

If a student decides to appeal, within ten (10) business days from written notification of the decision rendered by the Accommodations Committee, the student must submit this appeal to the University Dean of Student Affairs or designee. The appeal can be submitted in writing or by email, to the University Dean or designee, to determine the following:

- 1) Whether the original decision was rendered fairly in light of the information presented, and in conformity with prescribed procedures giving the student reasonable opportunity to prepare and submit said information.
- 2) Whether the decision was supported by the available information and by the appropriate medical and mental health professional, and whether the information presented was sufficient to establish a functional limitation pertaining to the housing or dietary accommodations requested.
- 3) Whether the requested accommodations can be reasonably met in the residence halls or by Harvest Table.
- 4) To consider new information, sufficient to alter the Accommodation Committee's decision or other relevant facts not brought out in the initial Accommodation Request Questionnaire that was reasonably unavailable at the time the request was submitted.

The University Dean of Student Affairs, or designee, will review the appeal, will decide upon the appropriate action, and make a decision. The Accommodation Committee's decision will be upheld unless the University Dean or designee determines that an

University of Redlands Academic Success & Disability Services  
1200 E. Colton Avenue  
Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296

error was made or a material injustice would occur. The University Dean or designee will send written notice of the decision within ten (10) business days from the date the appeal was submitted. The decision of the University Dean or designee is final.

Alternate means of filing appeals, such as personal interview or a video chat/recording, will be made available for persons with disabilities upon request and where necessary to permit meaningful participation in the appeal.

### Authorization for Release of Confidential Health Information

(Please print and use ink)

Please release my records from the following:

Health Provider or Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Please release the **University of Redlands Accommodation Request Questionnaire** and available Psychological/ Medical Information to:

University of Redlands  
Accommodations Committee  
c/o Academic Success & Disability Services  
1200 E. Colton Ave., Redlands, CA 92373  
Telephone: (909) 748-8069  
Fax: (909) 335-5296

Information to be disclosed/exchanged **at a later date (if requested)** includes:

Progress Notes, Laboratory Reports, Radiology Reports, Psychological Reports, and other (please specify) \_\_\_\_\_  
(Cross out any information you are unwilling to have reviewed by University of Redlands Accommodations Committee.)

Records released are authorized for the following purpose: \_\_\_\_\_

I understand authorizing the disclosure of the information identified is voluntary. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the University of Redlands Academic Success and Disability Services office. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: \_\_\_\_\_. If I fail to specify an expiration date, this authorization will expire one year from the date of signature on the Accommodations Request Questionnaire.

I understand I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524. If I have questions about disclosure of my health information, I can contact the Assistant Dean of Academic Success & Disability Services.

Patient Name: \_\_\_\_\_ Student ID: \_\_\_\_\_  
Last First M.I.

Preferred Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Signature of Patient or Legal Representative \_\_\_\_\_ Date/Time \_\_\_\_\_

University of Redlands Academic Success & Disability Services  
1200 E. Colton Avenue  
Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296

---

Relationship to Patient (if signed by Legal Representative)

---

Witness

Patient is unable to sign because: \_\_\_\_\_

University of Redlands Academic Success & Disability Services  
1200 E. Colton Avenue  
Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296

## Accommodations Request Questionnaire

For Housing and Dietary Needs

### Student Information

(Please Print Legibly or Type)

**This section to be completed by the *student*.**

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Student ID: \_\_\_\_\_

Status (check one):     current student         transfer student     incoming first year

Class Year by Units (e.g., Junior) \_\_\_\_\_ Campus Mailbox Number \_\_\_\_\_

Mailing address (street, city, state, and zip code): \_\_\_\_\_

Home phone:    (       )        -        \_\_\_\_\_ Cell Phone:    (       )        -        \_\_\_\_\_

Preferred email address: \_\_\_\_\_

What specific accommodation are you seeking? (Please circle.)

- On Campus Housing (list your request here) \_\_\_\_\_
- Off Campus Housing (see Section II of Policy and Guidelines for Housing/Dietary Accommodations)
- Modification of or Release from Meal Plan

Please sign below to indicate you have reviewed and understand the *University of Redlands Policy and Guidelines for Housing and Dietary Accommodations*, <http://www.redlands.edu/student-affairs/academic-success-and-disability-services/disability-services/housing--dietary-accommodations/>.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

### Diagnostic Information

(Please Print Legibly or Type)

**This section to be completed by a *licensed and qualified health professional*.**

The person named above is a student at the University of Redlands and is requesting housing and/or dietary accommodations for health reasons. Please supply the following information regarding any relevant health condition(s) to aid the University in providing the best accommodations.

The University is committed to accommodating housing & dietary needs on campus for students with **medical and/or psychological disabilities**. Off-campus housing will be explored as an option **ONLY** when on-campus housing and dietary options have been eliminated.

University of Redlands Academic Success & Disability Services  
1200 E. Colton Avenue  
Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296

1. Is the student/patient currently under your care? Yes No

If yes, duration of care: \_\_\_\_\_

Date of most recent contact: \_\_\_\_\_

2. What is the diagnosis(s) and date of diagnosis(s)?

*PLEASE WRITE OUT THE DIAGNOSIS RATHER THAN THE INSURANCE BILLING CODE*

1. Dx: \_\_\_\_\_ Date of dx: \_\_\_\_\_

Duration of dx:  continuous  intermittent  cyclical  short term  other (explain):

\_\_\_\_\_

2. Dx: \_\_\_\_\_ Date of dx: \_\_\_\_\_

Duration of dx:  continuous  intermittent  cyclical  short term  other (explain):

\_\_\_\_\_

3. Did you make the above-referenced diagnosis?

If no, how are you aware of the diagnosis?

- I have reviewed the original medical documentation
- The student/patient (or a parent) reported it to me
- Other (please describe)

\_\_\_\_\_

\_\_\_\_\_

4. What date did the condition rise to the level of current impairment and/or severity?

\_\_\_\_\_

\_\_\_\_\_

5. List current medication(s).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Please describe any specific limitations created by the medical/psychological condition(s) and/or treatment(s) as related to on campus housing and/or dining (e.g. unable to walk more than 50 feet without fatigue, difficulty concentrating with noise or interruptions, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Describe any unique housing and/or dining circumstances created by the medical/psychological condition(s) and/or treatment(s) (e.g. quiet environment, special diet, ground floor housing, private bathroom, etc.).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

University of Redlands Academic Success & Disability Services  
1200 E. Colton Avenue  
Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296

8.

Medical Condition/Diagnosis	Recommended Supports	Rationale

9. Are there any situations or environmental conditions that might lead to an exacerbation of the condition(s)?

---

---

---

---

10. What medical/psychological treatment plan including medications, education, and/or equipment could be implemented to alleviate or minimize the adverse consequences of the condition(s)?

---

---

---

---

\_\_\_\_\_  
Signature of professional providing assessment

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of professional providing assessment

\_\_\_\_\_  
Medical/Professional License #

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Health Provider Specialty

Office Stamp required.