



ACCOMMODATIONS REQUEST PACKET

For Housing and Dietary Needs

The University of Redlands is a **residential campus**; therefore, every effort will be made to accommodate 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 exhausted. This process exists for students demonstrating needs vs. preferences for a housing or dietary accommodation.

Process

- Thoroughly complete **ALL** parts of the Accommodations Request Questionnaire.
- Turn into Academic Success & Disability Services, in the Student Development Center, by the appropriate Housing Selection process deadline <http://www.redlands.edu/student-life/residence-life-housing/select-your-room/housing-placement/>
- Current documentation from a licensed and qualified professional is required:
 - The Accommodations Request Questionnaire must be completed by a licensed and qualified professional.
 - **The student and professional must complete as thoroughly and with as much detail as possible; form MUST be legible.**
- **Students need to submit a personal statement as to the reason or reasons for the accommodations request**, and it can be included with this packet or emailed separately to amy_wilms@redlands.edu. Please provide as much detail as possible in this statement.
- The Accommodations Committee meets to consider request and contacts student with a decision by email and intercampus mail.
- To read the complete Policy for Housing & Dietary Accommodations, go to: <http://www.redlands.edu/globalassets/depts/student-life/disability-services/pdfs/accommodations-request-packet.pdf>
- Forms and documentation can be emailed, mailed, faxed, or delivered in person to:

Accommodations Committee
University of Redlands
c/o Academic Success & Disability Services
Student Development Center
1200 East Colton Avenue
Redlands, CA 92373
Fax: 909-335-5296

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

Phone: 909-748-8069



Housing Accommodations

- Ensure your medical or mental health professional identifies **specific** accommodations needed in a housing environment.
- Room rates for singles are higher (for all students), so if you are requesting permission to live in a single please plan to accommodate the increased cost. See the attached link for information on pricing for both meal plans and housing for the current academic year. Keep in mind these prices will increase for the subsequent academic year.

<http://www.redlands.edu/student-life/residence-life-housing/room-and-board-rates/>

**** 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 room & 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 or mental health professional identifies **specific** accommodations needed in a dietary environment.
- Before completing this Accommodations Request Packet, meet with the Director of Food Service Operations, or designee, for Bon Appetit about your dietary needs. An email will be sent to the Accommodations Committee summarizing the conversation and is a **required** part of the information considered in your request. Please be aware Bon Appetit is able to meet most dietary needs.

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 **Rehabilitation Act of 1973 (Section 504)**, the **ADA Amendments Act of 2008**, and state and local regulations regarding students and applicants with disabilities. In carrying out this policy, the University is committed to offering all students the opportunity to fully participate in its educational programs and activities. 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. Examples of accommodations may include a quiet residence hall, a ground floor room, private bathroom, an individualized meeting with the Resident District Manager of Dining Services, etc. Current documentation from a licensed and qualified professional is required. Recommendations within the documentation will be considered when determining accommodations based on functional limitations that may impact the student in housing and/or a 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 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 by the deadline provided by Residence Life & Housing <http://www.redlands.edu/student-life/residence-life-housing/select-your-room/housing-placement/>

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/globalassets/depts/student-life/disability-services/pdfs/accommodations-request-packet.pdf>.

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 professional who can provide complete and current medical information to assist the Accommodation Committee during the review process.

All answers to the questions on the form **must** be legible. The provider may be asked to provide additional related information.

Medical Disabilities: A student with a physical disability must provide verification 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 major life activity. Students with specific medical diagnoses that require dietary accommodations will be required to meet or speak with the Director of Food Service Operations for Bon Appétit Dining Services to determine if those dietary needs can be met through the dining program on campus. A summary of that meeting will be supplied by the Director of Food Service Operations, which the Accommodation Committee will take into consideration when making a final decision.

Psychological Disabilities: A student with psychological disabilities must provide verification from a trained, certified and/or licensed mental health professional who can address the individual'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 testing report, 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: Assistant Dean of Academics and Student Life, Director of Residence Life & Housing, Director of the Health Center, Director of Counseling, and a College of Arts & Sciences faculty member. As mentioned above, the Director of Food Service Operations for Bon Appétit Dining Services will serve in a consultative role by meeting with all students with special dietary needs; relevant documentation will be shared with the Director of Food Service Operations when necessary. All information reviewed by the committee is kept strictly private, except in cases of appeal when all relevant information will be forwarded to the Associate Dean of Student Life 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 Associate Dean of Student Life or designee. The appeal can be submitted in writing or by email, to the Associate Dean or designee, to determine whether all of the following conditions were present:

- 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 that was reached was done 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 Bon Appetit.
- 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.

If all of the aforementioned conditions were present, the decision of the Accommodation Committee will be maintained. If, however, any of the conditions are found not to be present, the Associate Dean of Student Life, or designee, will review the appeal, will decide upon the appropriate action and make a decision. The Associate Dean of Student Life, or designee, is authorized to reconsider the appeal based on the original decision since the Administrators noted previously do not rehear appeals. The Associate 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 Associate Dean or designee is final.

Alternate means of filing appeals, such as personal interview or a tape recording, will be made available for persons with disabilities upon request.

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

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 Academics and Student Life.

Patient Name: _____
Last First M.I.

Student ID: _____

Preferred Phone Number: _____

Date of Birth: _____

Signature of Patient or Legal Representative

Date/Time

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 (circle choice)
 - 1st floor, air-conditioning, private bath, single
- 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/docs/StudentLife/Policy_and_Guidelines_for_Housing_and_Dietary_Accommodations.pdf.

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. Describe the specific symptom/s as related to the diagnosis.

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