



Office of Disability Services

## SPECIAL HOUSING REQUESTS

### How the Process Works:

Some requests for special housing considerations can be recommended for approval by the Office of Disability Services after verification of medical of disability-related need. The process should be started with Residence Life by indicating needed or requested accommodations on the student's Housing Application. Residence Life makes a final decision based on Disability Services' recommendation, room availability and the student's application date:

- Submit by March 1 Priority Deadline to be considered for academic year housing.
- Requests submitted after the deadlines may be limited by availability.

Accommodations we typically provide may include, but are not limited to: Bed De-lofted, Single Room, Proximity to a Bathroom, Shower Chair, Wheelchair-Accessible Room, Strobe Alarm.

Requests for accommodations will be verified by the Office of Disability staff to determine our obligations based on the Americans with Disabilities Act and if the accommodation is medically required. Factors that staff will consider when evaluating requests for accommodations:

- Is the impact of the condition life-threatening if the request is not met?
- Is the request an integral part of a treatment plan prescribed by a medical professional for the condition in question?
- Was the request made by the priority deadline?
- Is there space available to meet the student's need?

Residence Life has a variety of accommodating room types across campus and may not honor requests for a particular residence hall or Living Learning Community.

It may be helpful to note that due to the nature of living in a residence hall community, a request for a quiet hall is not a medical accommodation that can be met. Additionally, because a residence hall is shared by hundreds of students participating in various activities throughout the day, living in a single room does not necessarily provide a student with a quiet, distraction-free environment.

### Office of Disability Services will:

- Keep your request, and information contained within, private among administrators involved with your accommodation.
- Notify you when your complete request has been received.
- Email you potential accommodations we are able to offer upon review of your request and documentation.

### Students Should:

- Submit a complete request form by the priority deadline. (see above)
- Check your email address for accommodations-related communication.
- Begin conversations with a licensed health professional to discuss your request and documentation they will need to provide. (See Part 2 of this form)
- Initiate conversations with our office if you have any questions or concerns. You may include your family on joint phone calls and office visits, but they cannot manage your accommodations on your behalf.

**Parents and guardians:** In the spirit of helping your student manage their disability, encourage them to contact our office with any questions they might have. When your student arrives to campus, they will need to advocate for themselves and this is an opportunity to walk through the process with them, while allowing them to take the lead.

**Additional Considerations:**

- This form is not to be used to request a release from the housing contract.
- Students requesting specific dietary needs or modifications to their meal plan will need to start the process with the **Registered Dietitian Nutritionist**: 406-994-7097 and submit a **Dietary Needs Form** to the Office of Disability Services.
- Students who may need an accommodation in the classroom are recommended to contact Office of Disability Services at 406-994-2824.

**PART 1: TO BE COMPLETED BY THE STUDENT**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

University ID Number: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

If known, Hall: \_\_\_\_\_ Room Number: \_\_\_\_\_

If approved, when do you request this accommodation begin? \_\_\_\_\_

**Please type your responses to the questions below on a separate paper:**

1. Describe your disability/chronic medical condition, in your own words.
2. How does your disability affect your living in the residence halls and/or dining in the dining halls?
3. What accommodation(s) are you requesting for your disability?
4. How will your requested accommodation(s) support your disability/chronic medical condition?

**Please initial that you have read and understand the information provided:**

1. \_\_\_\_\_ I verify that the information contained within this document is accurate to the best of my knowledge.
2. \_\_\_\_\_ I understand that a housing accommodation because of a disability or chronic health conditions supersedes all other requests including roommate and living learning community requests.
3. \_\_\_\_\_ I understand that certain accommodations may require me to relocate to another room, residence hall and/or Living Learning Community. If I need to have my room assignment changed, my prospective or current roommate will not be moved with me.
4. \_\_\_\_\_ My documentation may be shared with appropriate University Housing & Dining staff in order to support my accommodations.
5. \_\_\_\_\_ I am also requesting meal plan accommodations. Yes \_\_\_\_\_ No \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

You may submit Part 1 of your request prior to completion of Part 2. Medical documentation may be sent separately. Requests will not be reviewed until both portions are received.

**Priority dates for consideration are:**

- March 1 Priority Deadline

**Completed forms and accompanying documentation should be faxed to 406-994-3943 or mailed to:**

Office of Disability Services  
174 Strand Union Building  
Bozeman, MT 59717

**PART 2: TO BE COMPLETED BY THE HEALTHCARE PROVIDER**

Student Last (Family) Name: \_\_\_\_\_

Student First (Preferred) Name: \_\_\_\_\_

Student University ID Number: \_\_\_\_\_

To consider this student's request for reasonable housing and/or dining accommodations due to a disability/chronic health condition, the Office of Disability Services requires documentation from a licensed health professional. The practitioner should be, within the past year, actively treating the individual making the request and be familiar with the student's history and functional limitation(s) of their disability/condition.

Some of the accommodations we typically provide may include, but not limited to: Bed De-lofted, Proximity to Bathroom, Single Room, Shower Chair, Wheelchair-Accessible Room, Strobe Alarm.

Residence Life has a variety of accommodating room types across campus and is not able to honor requests for a particular residence hall or living learning community.

It may be helpful to note that due to the nature of living in a residence hall community, a request for a quiet hall is not a medical accommodation that can be met. Additionally, because a residence hall is shared by hundreds of students participating in various activities throughout the day, living in a single room does not necessarily provide a student with a quiet, distraction-free environment.

A roommate request is not an accommodation that will be honored.

Provider's Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

I verify that the accompanying student information is correct, and that the student is a patient that I have been treating, and that I am not a relative of the student.

**Signature of Medical Provider:** \_\_\_\_\_

**Please answer all questions below; typed on your practitioner or licensed clinical professional letterhead.**

- 1.** Describe the student's disability/diagnosis:
  - a.** When was this first diagnosed?
  - b.** How long is this likely to persist?
  - c.** When was the last scheduled visit that you had with this student/patient?
- 2.** Does the student's disability/health condition significantly limit any major life activities? If yes, please describe the limitations and/or restrictions.
- 3.** Please state the specific recommendations regarding the accommodation(s) this student needs in their housing assignment and/or meal plan. Indicate why the accommodation is warranted based on the student's physical or psychological conditions(s).
- 4.** Is this accommodation an integral part of an active treatment plan for the student's condition?
- 5.** Please provide specific documentation that will help us understand the impact the disability has on the student and why this Special Housing Request is necessary for equal access.

**Please have your completed form and documentation arrive to our office by the priority dates for consideration, which are:**

- March 1

**Completed forms and accompanying documentation should be faxed to 406-994-3943 or mailed to:**

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174 Strand union Building  
Bozeman, MT 59717

**Once received, ODS will review the student's request. An accommodation will be offered based on need and availability.**