

Student Request for Accessible Residential Accommodations

Accessible Housing Accommodations are provided on a case-by-case basis with relation to a student's documented disabilities. To qualify as a disability covered under the *Americans with Disabilities Act* (ADA), the student must have a current condition that substantially limits a major life activity, and the accommodation requested must be deemed reasonable and appropriate. A diagnosis, in and of itself, does not automatically qualify the student for the requested accommodations. All criteria listed on the *Treating Practitioner's Verification of Disability/Illness* form must be met. In order for your request to be considered, you must complete and submit this form in its entirety to the Student Accessibility Services Office (sas@rwu.edu).

Student Name: _____ Student ID # _____

Student e-mail: _____@g.rwu.edu Date of this Request: _____

I am a (check one): ☐ returning/current student ☐ new incoming first-year student
☐ new transfer student ☐ I am applying for readmission to the University

I am requesting housing accommodations for the:

☐ Fall Semester ☐ Spring Semester ☐ Winter Intersession ☐ Summer ☐ Full Academic YEAR

I authorize my treating clinician(s) to communicate with Roger Williams University to provide consultation regarding requested accommodations.

Accessibility Accommodation(s) Requested:

- You must rank in order of necessity/priority if requesting more than one item, as some of these items are not available in all Residence Halls. Each item must be supported by documentation from your treating clinician that identifies an area of substantial limitation.
- Your request will be returned if not ranked (e.g. #1 as being essential). You must also complete the Student Statement section on page 2.
- The housing assignment you will be offered will be in accordance with those similarly available to your class peers (i.e. FR, SO, JR, SR)

- | | |
|--|---|
| <input type="checkbox"/> First Floor Location | <input type="checkbox"/> Location without stairs |
| <input type="checkbox"/> Housing on the Main RWU Campus | <input type="checkbox"/> No Top Bunk |
| <input type="checkbox"/> Wheelchair Accessible | <input type="checkbox"/> No Carpet (limited and may be without A/C) |
| <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Illumination Strobe |
| <input type="checkbox"/> Bed-shaker | |
| <input type="checkbox"/> Single Room (traditional style within a suite/unit; w/no kitchen or bathroom) | |
| <input type="checkbox"/> Single-Use Bathroom (used by less than 10 students) | |
| <input type="checkbox"/> Dietary Restrictions (that cannot be met by Dining Services) | |
| <input type="checkbox"/> Emotional Support Animal* | |
| <input type="checkbox"/> Other: _____ | |



Student Statement: Based on my medical/physical/psychiatric/mental health diagnosis, I am requesting the housing accommodation(s) and I have checked and ranked above to allow me to fully use and participate in residential housing for the following reasons:

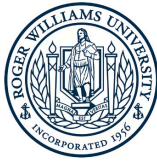
Student's signature: _____ **Date:** _____

***Additional information for students requesting an Emotional Support Animal (ESA):**

Emotional Support Animals (ESA) must be appropriate for an indoor environment. ESA requests fall under the *Fair Housing Act* (FHA) and not the ADA, as they are generated by a student's request to waive a University's "no animals" policies. As such, ESA requests and authorizations are not "accommodations" as established by the ADA. Animals should not be brought to campus prior to approval being granted by SAS, and completion of a separate Department of Residence Life & Housing ESA Agreement. Size, breed and species, and age restrictions are listed in the chart below:

Animal:	Role:	Size Restrictions:	Breed & Species Restrictions:	Age Restrictions:	Conditions:
Dog	Service	None	None	1 year minimum	<ol style="list-style-type: none">1. Certified overall good health2. Proof of current vaccinations (with expiration dates)3. Proof of neuter/spay4. Current photo5. Roommate agreement email6. ESA building access limited to assigned room/suite
Dog or Cat	Emotional Support	Must fit in crate or cage	None	Dogs must be at least 1 year; no kittens	
Aquatic	Emotional Support	Tank less than 10 gallons	No Reptiles	None	
Small Caged Animals	Emotional Support	Must fit in cage or crate	No ferrets, hedgehogs, sugar gliders, rodents, exotics, wild animals, etc.	Must be non-reproducing adult	

Please note: Roger Williams University reserves the right to make ESA determinations on an individualized basis.



Treating Practitioner's Verification of Disability/Illness Related to Request for Accessible Residential Accommodations

Documentation must be provided by a treating licensed or credentialed professional with specific training or expertise related to the condition being diagnosed. The following form addresses the required criteria for eligibility for accommodations. This request form must be fully legible and completed in its entirety for processing.

Student Name: _____ Today's Date: _____

RWU Student ID #: _____ Class rank (FR, SO, JR, SR): _____

Diagnosis in the area(s) of [circle all that apply]: **Psychiatric** **Physical** **Medical** **Learning**

Diagnosis/es: _____

DSMV or ICD-10 code(s): _____

Date of Last Clinical Contact: _____

Date of Initial Diagnosis: _____ By whom: _____

Evaluation method(s) used: _____

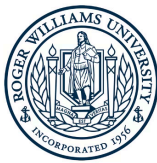
Severity of current symptoms (circle one): **Mild** **Moderate** **Severe**

Condition is (circle one): **Stable** **Temporary** **Prone to exacerbation** **Episodic** **Permanent/chronic**

1. Describe the current functional limitations due to the disabling condition, demonstrating how a major life activity is significantly limited by the frequency and pervasiveness of the condition.

2. What is the expected prognosis or stability of the disability? _____

3. Describe all **current** and **past** interventions including medications, including evidence of a documented assessment and/or a treatment plan as well as the subsequent progress notes summarizing the effectiveness of the various interventions.



Questions #4 and #5 pertain only to requests for an Emotional Support Animal* (ESA)

4. State clearly how the ESA serves as an accommodation for the verified disability. Evidence must be shown that the ESA has been established in the individual's life and has been effective in addressing the limitations from the disability in ways that other interventions have not been. Describe/provide evidence that the other means of treatment (e.g. counseling, medication, etc.) have not been adequate in managing the symptoms and that the introduction of the ESA has been successful in decreasing the symptoms.

5. Provide specific details as to why the ESA is necessary for the student to use and enjoy residential housing. Why/how would the student not be able to use and enjoy residential housing in light of their disability if the ESA were not available?

I understand that the information provided will become part of the student's record and may be released to the student upon his/her written request.

PRINT Name of Verifying Professional

PRINT Title

License #

Verifying Professional's Signature

Date

Address: _____

Phone Number: _____

City, State, Zip Code: _____

Please save, scan and email the completed form to sas@rwu.edu