



Disability Services Office

Application for Housing Accommodations & Services

The student must complete **Parts I & II** of this application. The student’s healthcare provider must complete **Part III**, the Certificate of Disability. The completed application, along with all supporting documentation should be submitted to the Disability Services Office (DSO) for review by the Housing Accommodations Committee. All information is kept confidential under all applicable laws and is only shared with members of the Housing Committee for purposes of evaluation and determination of reasonable accommodations. In accordance with established policies and procedures, supporting documentation must be submitted to DSO in order to verify the functional limitations imposed by the disability. Documentation guidelines can be found in the DSO Handbook, located on our website at <http://www.centenaryuniversity.edu/cms/en/academic-services/disabilities-services-office/> or by contacting the Disability Services Office at (908) 852-1400 ext. 2152. The Centenary Residence Life Department administers and coordinates the policies and procedures relating to accommodations within residence halls. If the student requires assistance with the accommodative process, they should inform the Director of Disability Services, at Lauren.Kreeger@centenaryuniversity.edu.

PART I. REQUEST FOR REASONABLE HOUSING ACCOMMODATIONS

Student Name: _____ Date: _____

Student ID #: _____ Phone: _____

E-mail Address: _____

Indicate class year (**please circle**): Freshman Sophomore Junior Senior

Transfer Graduate

Please specify your disability for which you are requesting a housing accommodation.



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Please indicate the type(s) of accommodation that you are requesting:

- Air conditioning unit
- Limited share bathroom
- Wheelchair accessible room
- Single room
- Flashing doorbell
- Flashing fire alarm
- Other (please list):

Briefly describe why you are requesting the above accommodations:

Do you require evacuation assistance? **(please check)** **yes** **no**

If **yes**, please describe your need for assistance:

If “yes” is checked, your name will be forwarded to Leonard Kunz, Assistant Dean for Campus Safety. If you have any questions, please contact Dean Kunz at kunzl@centenaryuniversity.edu.



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PART II. RELEASE OF INFORMATION

I, _____, give permission for the exchange of any medical, educational, psychosocial, or psychiatric information between the members of the Housing Accommodations Committee

AND the healthcare provider listed

Name: _____ Title: _____

Address: _____

Phone Number: _____

E-mail Address: _____

All information is kept confidential under all applicable laws and is only shared with members of the Housing Committee for purposes of evaluation and determination of reasonable accommodations.

Student Name (please print)

I.D. Number

Student Signature

Date



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PART III. CERTIFICATE OF DISABILITY

Student Name: _____ Date: _____

Healthcare Provider Name: _____

Credentials and State License #: _____

Please respond to the following questions regarding the above-named student:

1.) How long have you been treating the above-named student?

Date of the most recent evaluation: _____ **Date of onset:** _____

2.) Please provide diagnosis and the DSM V or ICD 10 codes for the condition(s) for which the housing accommodation is being requested:

3.) Please describe the symptoms the student is currently displaying:

5.) What is the severity of the disorder/medical condition? (please check)

Mild Moderate Severe

Comments:



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6.) Please indicate how the diagnosis was determined? Including any diagnostic test administered or specific criteria that was met.

7.) Please list current medications and how the prescribed medications have affected the student's functioning?

8.) What is the current treatment plan?

9.) Please list any current functional issues and/or the impact on activities of daily living within the residence halls that would require this accommodation.

Attach Business Card Below

Healthcare Provider Signature: _____ **Date:** _____