

# APPLICATION FOR HOUSING ACCOMMODATIONS

Name:				
Date of Birth:		C-SC Student Number:		
Primary Phone:		Secondary	Phone (optional):	
Email Address:				
Address:				
			Zip:	
Student Type:				
☐ Current (select one):				
☐ Freshman	$\square$ Sophomore		☐ Junior	
☐ Senior	☐ Graduate Stude	nt		
Diagnosis(es) [Please Print	]:			
From the following list, pl all that apply):	ease select the housi	ng accommod	ation(s) you are requesting (check	
☐ Wheelchair accessible ro				
☐ Single room	☐ Building		☐ First floor room	
		Limited #	of roommates:	
☐ Other (please specify)				



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# OFFICE OF ACCESSIBILITY & ACCOMMODATIONS

Accommodation requests are due by:		
Fall Semester: March 1	<b>Spring Semester:</b> November 1	
Describe the difficulties, limitations, or barriers that you have, or may have, in a reside setting at C-SC that are related to your diagnosis(es) [Please Print]:		
Explain the relationship between how your disal	pility and the housing accommodation you are	
requesting will allow for equal access and equiprograms and services.		
Note: All information provided during the application Accommodations work with you to determine appropriate services. Your signature on this form indicates your desire to requested adjustments.	e academic accommodations, auxiliary aids, and other	
Once documentation is received and approved, you will ne and Coordinator for Accessibility to discuss accommodatio disability is kept in the Accessibility & Accommodations Q record.	ns, procedures, and policies. Information regarding your	
STUDENT NAME [Please Print]:		
SIGNATURE:	DATE:	



#### APPLICATION FOR HOUSING ACCOMMODATIONS

#### MEDICAL PROFESSIONAL FORM

This documentation must be filled out by a licensed medical or mental health professional who has an established and ongoing relationship with the student.

This form is valid for one year from the signed date. Student's Full Name: **Information About the Student's Disability:** Describe the history of the presenting problem and any current mental/medical health diagnosis(es): Expected duration of the condition: ☐ Permanent ☐ Temporary ☐ Stable ☐ Progressive Does the student require ongoing treatment? Describe how the diagnosis listed above causes the student to be *substantially limited* to a major life activity (i.e. walking, breathing, seeing, hearing, learning, etc.).





When did you first meet with the student regarding this diagnosis, and in what context (that is was it a face-to-face meeting or virtual interaction)?		
When did you last interact with the student regarding this mental health diagnosis?		
What <u>specific</u> symptoms will be reduced by having the requested housing accommodations, and <u>how</u> do you anticipate they will be relieved?		
In your opinion, how important is it to the student's well-being that they received the requested		
housing accommodation? What consequences, in terms of their disability symptoms, may result		
if the accommodation is not approved?		
Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.		

If you have any questions, please feel free to contact the Office of Accessibility & Accommodations by phone at 573-288-6000 ext. 6726 or by email <a href="mailto:accommodations@culver.edu">accommodations@culver.edu</a>.



Please provide contact information, sign and date below, and return the completed form via fax at 573-288-6547 or via email to <a href="mailto:accommodations@culver.edu">accommodations@culver.edu</a>.

<b>Medical/Mental Health Provider's</b>	<b>Contact Information:</b>	
Name:		
Email:		
Address:		
City:		
Medical/Mental Health Profession	al's Licence Information:	
Type of License:	Date	·
State or other jurisdiction:	Lice	nse #:
I certify, by my signature, that I con assessment of the student named abo	, ,	ed and co-signed the diagnosti
PROFESSIONAL SIGNATURE:		
DATE:		



#### HOUSING ACCOMMODATIONS REFERENCE GUIDE

Applying for Accommodations in Campus Housing

Housing accommodations are valid for one academic year. Students must apply each year in order to be considered for accessible housing. New and previously approved students will need to submit up to date documentation with their request that reflects current functionality and access concerns.

For questions relating to disability related housing or to apply for accommodations, contact Kaci Loveless-Hall, Assistant Director of Student Success, Coordinator of Accessibility and Diversity, Equity, Inclusion, and Belonging at <a href="mailto:accommodations@culver.edu">accommodations@culver.edu</a>.

#### STEP 1: APPLYING FOR SERVICES

- In order to apply for services, please provide the following information to the Office of Accessibility & Accommodations:
  - Application for Housing Accommodations
  - Medical Professional Form

#### • STEP 2: APPROVAL PROCESS

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- The Coordinator for Accessibility will review documentation and contact the student for an intake meeting. During this meeting, you will:
  - Discuss the accommodation request and how the request will provide equal access to the College in relation to your documented disability.
    - Please note: requests for particular housing assignments and/or living environments based on a student's preference, rather than a need for access, will not be honored.
       For example, a student with anxiety or ADHD requesting a single room to serve as a quiet place to study represents a preference, but not a necessity for accessibility.
  - Both the supporting documentation and the intake meeting will determine if you are accepted, denied, or if a decision is not yet possible based on documentation provided.



#### • STEP 3: DISCUSS WITH COORDINATOR OF RESIDENCE LIFE

- If approved, the Coordinator for Accessibility will notify the Coordinator of Residence Life of your approval.
- You will work with the Coordinator for Residence Life to determine living arrangements.

#### • STEP 4: REAPPLY FOR ACCOMMODATIONS

- Each year, you will need to submit a new application and supporting documentation to the Office of Accessibility & Accommodations. The deadline for submitted an application is as follows:
  - **■** Fall Semester: March 1st
  - Spring Semester: November 1st



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#### OFFICE OF ACCESSIBILITY & ACCOMMODATIONS

# HOUSING ACCOMMODATIONS REFERENCE GUIDE ACKNOWLEDGEMENT

Culver-Stockton College provides reasonable accommodations to students with documented disabilities in accordance with The Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act. Requests for accommodations, such as single rooms, emotional support animals, etc., must be made with the Office of Accessibility and Accommodations. The Office of Residential Life cannot make any accommodations until approval is received. Please note that approval does not guarantee space will be available.

Accommodations are evaluated on a case by case basis. Please be advised that requests for particular housing assignments and/or living environments based on a student's preference, rather than a need for access, will not be honored. For example, a student with anxiety or ADHD requesting a single room to serve as a quiet place to study represents a preference, but not a necessity for accessibility. Additionally, single room accommodations are reserved for students with documented needs, for whom a standard housing assignment with a roommate is not accessible due to their disability. Single rooms will not be granted in suite style living.

Housing accommodations are valid for one academic year. Students must apply each year in order to be considered for accessible housing. New and previously approved students will need to submit up to date documentation with their request that reflects current functionality and access concerns.

For questions relating to disability related housing or to apply for accommodations, contact Kaci Loveless-Hall, Assistant Director of Student Success, Coordinator of Accessibility and Diversity, Equity, Inclusion, and Belonging at <a href="mailto:accommodations@culver.edu">accommodations@culver.edu</a>.

I have received, read, and understand the Reference Guide for Housing Accommodations: Applying for Accommodations in Campus Housing.

Student Name [Please Print]:	
Student Signature:	Date: