

## **Informational Packet for Requesting Reasonable Housing Accommodations**

In accordance with applicable federal, state, and local disability laws, Bethune-Cookman University will make every effort to provide reasonable housing accommodations for students who have a qualifying physical or psychological disability. Only applications that represent a qualifying disability will be considered for housing accommodations. If the committee determines that your application does not reflect a disabling condition that requires a reasonable housing accommodation, you will be referred back to the B-CU Department of Housing.

When requesting a reasonable housing accommodation, applicants are expected to have already applied for B-CU housing and have met all eligibility requirements and payment deadlines (for more information regarding B-CU housing eligibility, please see <http://www.cookman.edu/currentstudents/studdev/residencelife/>). Please pay close attention to the deadline dates indicated in the B-CU Housing & Residence Life (HRL) (not provided in this packet), as well as the deadlines for submitting reasonable housing accommodation applications listed on page three of this packet. All accommodations are determined on a case-by-case basis according to documented need and prevailing standards for reasonable accommodations. **The Reasonable Housing Accommodation Committee reviews applications and approvals are sent to Housing & Residence Life, which then offers assignments based on availability.**

### **How to Apply for a Reasonable Housing Accommodation:**

To be considered for a reasonable housing accommodation, you must complete Part I and Part III of the Request for Reasonable Housing Accommodation application and your healthcare provider must complete Part II. Completed applications should be returned to the Bethune-Cookman University, Office of Student Accessibility, 640 Dr. Mary McLeod Bethune Boulevard, Daytona Beach, FL 32114 or you can email the application to [accessservices@cookman.edu](mailto:accessservices@cookman.edu) or fax to 386-481-2174. Information provided to Student Accessibility Services is kept confidential and will only be shared within the University as is necessary to evaluate the request.

### **How Applications are Reviewed/How Students are Informed of Reasonable Housing Accommodation Decision:**

Your application for Reasonable Housing Accommodations, along with supporting documentation from your healthcare provider will be reviewed by a committee consisting of representatives from the Student Accessibility Services, Housing & Residence Life Residence Life, Counseling Service and Health Services.

You will be notified of the Committee's decision via e-mail from the Student Accessibility Services. The correspondence will include a decision regarding your eligibility for each housing accommodation requested and your assigned housing assignment. You must contact the Housing & Residence Life directly at (386) 481-2424 with all inquiries related to features or specifications of the housing assignment that is offered to you. The Student Accessibility

Services is unable to provide specific information regarding buildings and rooms managed by the Housing & Residence Life. If you have any questions about the process for requesting reasonable housing accommodations, please contact Student Accessibility Services at (386) 481-2172.

**Important Information about the Documentation Your Healthcare Provider Must Submit:**

The University requires documentation from a licensed healthcare provider that describes the student's disability and supports the request for a reasonable housing accommodation. The licensed healthcare provider must complete Part IV of the Request for Reasonable Housing Accommodations Application. The healthcare provider may also include a letter of additional support if they choose.

Documentation must be:

1. Recent (within the last year of applying for housing); and
2. Sufficient to establish a direct link between the underlying impairment and the requested housing accommodation.

The following documents are **NOT** considered acceptable forms of documentation if submitted alone:

1. Handwritten patient records or notes from patient charts
2. Diagnoses on prescription pads
3. Self-evaluation found on the internet or in any print publication
4. Research articles
5. Correspondence from healthcare providers not directly addressed to Student Accessibility Services

**The University has established the following procedures to ensure that students with disabilities have equal access to campus housing.**

*A disability is defined under the ADA AA as any mental or physical impairment that substantially limits the individual in a major life activity compared to the average person.*

**Please Note: the following about the procedures:**

- Students must be eligible for University housing in order to be eligible for disability housing accommodations
- Students with service animals, or those requesting permission to have an assistance animal in housing, should also refer to the University's Service and Assistance Animal Policy for complete information about related policy, procedures, and expectations
- Students must re-apply for disability housing accommodations each year and submit new disability documentation.

### **Procedures for Requesting Housing Accommodations:**

1. Students must follow general housing procedures, and should consult Housing & Residence Life for this information
2. Students must submit a **completed** Reasonable Housing Accommodation Request Form (attached), a personal statement describing their disability and their need for the housing they are requesting, and disability documentation.
3. Students must complete the attached Evacuation Assistance Form or indicate that you do not need any assistance with emergency evacuation (Requests will not be reviewed without a personal statement and Evacuation Assistance Form).

#### **Disability documentation must:**

- a. Meet requirements outlined in Student Accessibility Services documentation guidelines for the student's disability type
- b. Be sufficient to establish a direct link between the underlying condition and the requested housing accommodation(s).

#### **Incomplete applications or missing disability documentation will not be considered.**

**3. Committee Review:** Requests are considered by Student Accessibility Services and Housing & Residence Life staff. The Committee evaluates, among other things, the student's disability status, the necessity of the requested accommodations, potential alternative accommodations, and what, if any, housing accommodations would be appropriate for the student. Students are informed of the status of their request by email within one week of the Committee's review.

**4. Deadlines:** All requests for reasonable housing accommodations, along with all of the required documentation and forms referenced above, must be submitted by the following dates:

- a. Incoming first year B-CU students: May 1st for the Fall semester and November 1<sup>st</sup> for the Spring semester
- b. New and Transfer students: June 30th for Fall semester and November 1st for Spring semester.
- c. All other students: February 1st for the following Fall semester and November 1st for the Spring semester

While applications submitted after these dates will be accepted and considered, B-CU cannot guarantee that it will be able to meet late applicant's accommodation needs, including any needs that develop during the semester.

**5. Housing Assignment:** B-CU students who have been approved for reasonable housing accommodations are not eligible to participate in the Housing Room Selection process and will receive a housing assignment with the approved accommodations. Please note that reasonable housing assignments are binding for the applicable housing period. A student who requests reasonable housing accommodations through this process cannot decline an assignment in favor of Room Selection participation. Students requesting to live with a roommate must indicate this on their Reasonable Housing Accommodations Request Form and identify by name the students they wish to live with.

**6. Appeal Procedures:** Students who are not granted housing accommodations through this process will have the opportunity to appeal the Committee's decision. If a decision denying the request for disability housing accommodations is made, students will receive information about the appeals process with their decision letter. All requests for appeal are reviewed by Vice President of Student Affairs. Students not approved for reasonable housing accommodations, or whose appeal is denied may apply for an assignment through the standard Housing & Residence Life procedures. Students should contact Housing & Residence Life for information about this process.

Please sign below, indicating that you have read the Informational Packet provided to you with this application.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Student Accessibility Services Reasonable Housing Accommodation Request Form

**Bethune-Cookman University recognizes that students with disabilities may require a specific type of housing to fully participate in the residential component of the university experience. For these students, B-CU provides disability housing accommodations in accordance with the Americans with Disabilities Act (ADA).**

**INSTRUCTIONS TO THE STUDENT:** The student will complete Part I of this form. The student's healthcare provider will complete the Certification of Disability form, Part II. The student must sign the Authorization for Release of Information, Part III, and submit the completed application with all supporting documentation to Student Accessibility Services. All information provided is kept confidential under applicable laws and will only be shared with the necessary committee professionals to fully evaluate the request.

### PART I: REQUEST FOR REASONABLE HOUSING ACCOMMODATIONS

**PLEASE NOTE:** This process and all related disability documentation are specific to housing accommodation requests only. To request academic accommodations, you must complete the application for accommodations. Visit our website at <http://www.cookman.edu/currentstudents/studdev/disability.html> or email [accesservices@cookman.edu](mailto:accesservices@cookman.edu) for more information.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Gender:  Male  Female  Transgender

Email Address: \_\_\_\_\_ Classification:  Fr  So  Jr  Sr

I am requesting accommodations for the following term:

Fall 20\_\_ Spring 20\_\_ Summer 20\_\_

Please specify your disability: \_\_\_\_\_  
\_\_\_\_\_

If this request is due to a temporary injury, please indicate expected duration: \_\_\_\_\_  
\_\_\_\_\_

Current Bethune-Cookman University housing assignment (if any): \_\_\_\_\_

Have you previously applied for disability housing accommodations at B-CU?  YES  NO

If yes, when and please list any accommodations that you received: \_\_\_\_\_  
\_\_\_\_\_

I am requesting the following housing accommodations: (Requested accommodation must be clearly linked to functional limitations. A specific building or roommate request is not considered a reasonable accommodation and will not be evaluated as such).

- Single room
  - Semi-private bathroom
  - Service Animal
  - Wheelchair Accessible Unit (please specify what modifications, you need, ie. Roll-in shower, grab bars, etc.)
  - Other:
- Private bathroom
  - Flashing Alarm

\_\_\_\_\_  
\_\_\_\_\_

**PLEASE NOTE: Disability documentation is required to consider a request to have an assistance animal reside in University housing as a disability accommodation and must sign indicating you have read the Service Animal Policy.**

If you have a service or assistance animal, which you plan to have live with you in housing, please answer the following questions if applicable. Questions 1-4 pertain to service animals, questions 5 and 6 pertain to assistance animals:

- 1. My service animal is a dog  YES  NO
- 2. My service animal is a miniature horse  YES  NO
- 3. My service animal is required because of my disability  YES  NO

4. List tasks/work your service animal is trained to perform:

Task: \_\_\_\_\_

Task: \_\_\_\_\_

Task: \_\_\_\_\_

Task: \_\_\_\_\_

5. My animal is an assistance animal

YES

NO

6. List types of assistance animal provides in relation to your disability:

Task: \_\_\_\_\_

Task: \_\_\_\_\_

Please sign below, indicating that you have read the Service Animal Policy provided to you if you are need of this service.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Housing Location Information:**

Students approved for housing accommodations will not be eligible to participate in the Room Selection process and will receive a housing assignment with the approved accommodations. Please note, however, that Bethune-Cookman University's first priority is to accommodate disability-related housing needs and then to meet housing style preferences.

Please indicate any preferences for roommates (include Name and ID#):

1. \_\_\_\_\_

2. \_\_\_\_\_

Please note that if you indicate a preference for roommates and are approved for housing accommodations, you and your roommates will be required to sign a waiver indicating that they are electing to live with you and are agreeing to opt out of the Room Selection process.

**PART II: DISABILITY EVACUATION ASSISTANCE REGISTRATION FORM**

**You must complete the Evacuation Assistance Form or indicate below that you do not need any assistance with emergency evacuation.**

Students whose disabilities, chronic conditions, or temporary injuries may interfere with their ability to evacuate their residence halls or university apartments unassisted in the event of an emergency or evacuation, are encouraged to alert Student Accessibility Services by completing this form. This information will be shared with the Department for Public Safety, Housing & Residence Life and the local Fire Department.

Students with evacuation assistance needs are advised to contact the Department of Public Safety at 386.481.2900 for individual emergency preparedness and planning consultation. Additionally, students are advised to learn the evacuation plans and routes for their residential and academic buildings.

Individuals with disabilities may be at greater risk during evacuations. The research shows that self-awareness and preparedness affords individuals the best chance for a safe evacuation. Student Accessibility Services strongly encourages all students who believe that their conditions may interfere with their safe evacuation to take full advantage of the Department of Public Safety’s “Destructive Weather Procedures”.

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Student Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Type of Disability/ Chronic Medical Condition:

- Visual Impairment/ Blind
- Deaf or Hard-of-Hearing
- Physical/ Mobility
- Psychological
- Sleep Disorder
- Other:
- Chronic Health Condition (specify): \_\_\_\_\_

Please check all that apply:

- I am not able to hear alarms at all times (due to sleep disorder or loss of hearing)
- I am not able to independently get in and out of bed
- I am not able to independently transfer in and out of my wheelchair
- I have a service or assistance animal
- I am not able to use stairs independently
- I am able to navigate a limited number of steps/stairs or Specify general number tolerable: \_\_\_\_\_



Do you have medical equipment that is required for daily use?  YES  NO

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate if you would like to meet with a Public Safety officer for individual training. If you indicate "yes," Student Accessibility Services will provide your name, email, and cell phone number to Fire Safety to coordinate this training.

YES  NO

Please list items that must be available to you in the event of an emergency (i.e. charger for motorized chair, medical, or communication equipment, medications, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please describe your needs for evacuation assistance: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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**Student Accessibility Services Use Only:**

Housing Location: \_\_\_\_\_ Room: \_\_\_\_\_

Academic Year  
 Temporary Dates: \_\_\_\_\_

Department for Public Safety alerted to student's need for evacuation assistance rationale  
Date and initials: \_\_\_\_\_

I do NOT require assistance with emergency evacuation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Student Accessibility Services  
640 Dr. Mary McLeod Bethune Blvd.  
Daytona Beach, FL 32114  
Phone: (386) 481-2172 Fax: (386) 481-2174

**PART III: AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, \_\_\_\_\_,  
(Student Name) (Student ID#)

hereby authorize the following individuals and/or organizations to release all treatment records, relevant tests and case summaries in their possession regarding me to the Bethune-Cookman University.

Name of individual and/or organizations who will release or receive information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This authorization allows the above individuals and/or organizations to copy, send records and discuss my condition and needs with Bethune-Cookman University Office of Student Accessibility.

This authorization encompasses all records pertaining to my condition, including “third party records” created by any other individuals or organizations.

Pursuant to HIPAA, the following are specified as part of this authorization: The purpose of disclosure is to assist Bethune-Cookman University in determining whether I have a disability as defined by the Americans with Disabilities Act and what accommodations may be appropriate. This authorization expires one year after the date it is signed.

I understand that I have the right to revoke this authorization at any time by providing written notification to Bethune-Cookman University or the individuals and organizations listed above, and that revoking this authorization does not apply to information that has already been released by this authorization.

I have been informed that the individuals and organizations listed above may not condition treatment, payment on whether I sign this authorization.

I have been informed that the information disclosed may be re-disclosed if the recipient(s) of this information is not required by law to protect the privacy of the information, and the information is no longer protected by HIPAA privacy rules. I am also aware that any information disclosed to Bethune-Cookman University is subject to other state and federal privacy laws.

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

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If student is under age 18)*



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**PART IV: CERTIFICATION OF DISABILITY**

**To the Student: THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY BY YOUR CLINICIAN.** If this form is completed by anyone other than a qualified licensed professional, the information provided may not be used to support your accommodation request and Student Accessibility Services reserves the right to request additional documentation. Since a request for additional information can result in a delay in your request for accommodations, you are strongly urged to have the form completed by a qualified clinician who will include all requested information.

**To the Evaluator:** The student named below has represented that s/he has a disability which will require a housing accommodation at Bethune-Cookman University. The information you provide will be used to determine the appropriateness of the requested accommodations. **Please take the time to complete this form and thoroughly answer all questions.** You may fax us a copy. We cannot accept substitutions for this form but you may provide supplemental information on official letterhead. Please contact us with any questions. **All information provided to us is confidential.** With the student's permission, we may contact you directly for additional information to assist us in making a determination.

**Health Care Provider:**  
Please respond to the following questions regarding the student below

**Student Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

1. Date of initial contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_
2. Date of last office visit with student: \_\_\_\_/\_\_\_\_/\_\_\_\_
3. **Diagnosis:** Please list all relevant diagnoses. If applicable, list all DSM IV, 5 or ICD-9 Diagnoses (text and code): \_\_\_\_\_
4. Approximate onset of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_  

Severity of symptoms	Prognosis of disorder
<input type="checkbox"/> Mild	<input type="checkbox"/> Good
<input type="checkbox"/> Moderate	<input type="checkbox"/> Fair
<input type="checkbox"/> Severe	<input type="checkbox"/> Poor

5. Describe the symptoms related to the student's condition that cause **significant** impairment in a major life activity. \_\_\_\_\_  
\_\_\_\_\_
6. What is the current treatment plan (including medications): \_\_\_\_\_  
\_\_\_\_\_
7. How long have you been treating the individual? \_\_\_\_\_
8. Please list any current functional issues and impact on activities of daily living in residence halls: \_\_\_\_\_  
\_\_\_\_\_
9. What is the current treatment plan (including medications)? \_\_\_\_\_  
\_\_\_\_\_
10. Please provide the results and dates of any testing and/or evaluations used to determine diagnosis and past treatment and response.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Thank you for your help in providing this information. Please complete the provider information below. This form should be signed and returned via fax or mail to the address shown below.*

**Provider Information**

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above. Date: \_\_\_\_\_

Healthcare Name and Title: \_\_\_\_\_

Healthcare Professional Signature: \_\_\_\_\_

Professional Licensure: State: \_\_\_\_\_ Number: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_

**Please return this form to:**

Bethune-Cookman University  
 Student Accessibility Services  
 640 Dr. Mary McLeod Bethune Blvd.  
 Daytona Beach, FL Phone:  
 (386) 481-2172 Fax: (386) 481-2174

**Attach provider business card here**