



The Office of Student Accessibility Services

accessibilityservices@heidelberg.edu

(419) 448-2484

Disability-Related Housing Accommodation Request

General Information

Residence Life and Housing refer or forward all medical or disability-related requests for housing accommodations to the Office of Student Accessibility Services (SAS). The information is kept confidential and is only used to evaluate accommodation requests. Each student's needs are carefully and individually considered in order to determine how we can best meet your needs.

Heidelberg University requires supporting documentation from an appropriately licensed professional who specializes in the specific disability and with whom the student is currently in treatment. The provider must outline how the request for accommodation supports the student's needs. The attached forms, which are designed to assist the student and professional in providing the necessary information are required. Heidelberg University reserves the right to request additional information as needed to evaluate the request.

Submitting a Request

Students requesting housing accommodations through the Office of SAS must submit the application and all required documentation by the following deadlines:

- November 15th for Spring semester (incoming transfer students only)
- January 1st for Fall semester (returning students)
- June 15th for Fall semester (incoming students)

Requests will be reviewed by the Housing Review Committee after each posted deadline. All applications submitted after the posted deadlines will be reviewed on a case-by-case basis. If there are extenuating circumstances please contact the Office of Student Accessibility Services. Failure to plan ahead does not constitute an extenuating circumstance. Decisions will be delivered via email to the student. If a student disagrees with the decision made by the Housing Review Committee he/she/they may choose to appeal pursuant the appeals process outlined [here](#).

How Decisions Are Made

Severity of the Condition

1. Is the impact of the condition life threatening if the request is not met?
2. Is there a negative health impact that may be permanent if the request is not met?
3. Is the request an integral component of a treatment plan for the condition in question?
4. Does the request center on room adaptations necessary for safe and independent occupancy in the residence hall?
5. What is the likely impact on academic performance if the request is not met?
6. What is the likely impact on social development if the request is not met?
7. What is the likely impact on the student's level of comfort if the request is not met?

Timing of the Request

1. Was the accommodation request made before the deadline for housing requests for the semester in question?
2. Was the request made as soon as possible after identifying the need? (Based on the date of diagnosis, receipt of housing assignment, etc.)

Feasibility and Availability

1. Is space available that meets the student's needs?
2. Can space be adapted to provide the requested configuration without creating a safety hazard?
3. Are there other effective methods or housing configurations that would achieve similar benefits as the requested configuration?
4. How does meeting this request impact housing commitments to other students?

The learning environment and residential living are an integral part of the student experience at Heidelberg University. It should be noted that living within the community and learning to share space and be considerate of others is part of the overall learning experience. Requests for single rooms (as an accommodation) based solely on a desire to have a "quiet, undisturbed place to study" will only be granted in unusual circumstances. Students wishing to live in a single room for these reasons shall work with Residence Life to meet appropriate deadlines and housing selection criteria.



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Authorization to Release and/or Receive Information

By signing this document I authorize the Office of Student Accessibility Services and the Housing Review Committee at Heidelberg University to release and/or receive information from the provider listed below. I also authorize my provider to discuss my condition(s) with the Office of Student Accessibility Services and the Housing Review Committee at Heidelberg University.

Student Full Name: _____

Provider Name (Must be the same provider who completes the Provider Verification Form)

Provider Address:

City: _____ State: _____ Zip Code: _____

Student Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

(if student is under 18 years old)



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Student Application

Any student wishing to make a housing accommodation request is required to complete and submit this form to the Office of Student Accessibility Services with supporting documentation. Requests will be reviewed after each posted deadline. Any requests that are not complete at that time will not be reviewed. If you have extenuating circumstances please contact The Office of Student Accessibility Services to discuss. Failure to plan ahead does not constitute an extenuating circumstance. It is the responsibility of the student making the request to answer all of the following questions and to provide all of the necessary documentation.

To be completed by the STUDENT

Student Full Name: _____ Date: _____

Student ID: _____ Gender Identity: _____

Current Campus Address (If Applicable):

Email Address: _____@heidelberg.edu Academic Year: _____

Semester Requested: _____

Class Rank: Freshman Sophomore Junior Senior Graduate

The following housing accommodations are available. Please specify which accommodation(s) is/are being requested:

- Single Bedroom
- Private/Semi Private Bathroom
- Residence with Kitchen
- Housing Exemption/ Off Campus Living
- Full ADA Accessible Room
- Emotional Support Animal
- Other: _____

Acknowledgement:

I have read and understand all information contained in the Disability-Related Housing Request packet. I understand that my request is not approved until I am notified of the decision from the Office of Student Accessibility Services. I understand that I may appeal the decision if I do not agree, pursuant the appeals process.

Signature: _____ Date: _____



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Provider Verification Form

This form is for licensed providers to supply verifying documentation as well as professional recommendations for current Heidelberg University students applying for accommodations. This will be used to identify appropriate academic, housing, dining, or other accommodations for a disabled student or a student with other accessibility needs. This form is not intended to serve as a prescription nor as an aspect of medical treatment. Please keep in mind, all recommendations will be considered in the interactive process, although are not strictly guaranteed. If necessary, please attach any supplemental information, including but not limited to prescriptions, evaluations, reports, etc. If you have any questions or concerns, please contact us via the above contact information. Thank you!

To be completed by the PROVIDER

Please answer the following questions as in-depth as is reasonable.

1. Student Name: _____

2. How long have you been a provider for this student?

3. Date of the student's last visit: _____

4. Describe the student's disability, condition, or impairment. Please include the student's diagnosis and relevant code.

5. How long has the student had this condition? _____

6. How long will this condition impact the student? _____

7. What medication, treatment, devices, or other tools does the student utilize? Please also describe any experienced side effects or other special considerations.

8. Please describe the functional limitations the student experiences as a result of this condition. Please also describe the severity of these limitations.

9. What accommodations do you recommend to reduce or minimize the impact of the above mentioned functional limitations?

Provider Name and License: _____

Address of Practice: _____

Phone Number: _____

Fax Number: _____

Provider Signature: _____



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Accessibility Services Office Veterinarian Verification Form

(ESA Requests ONLY)

Veterinarian's Name and/or Clinic Information: _____

Address: _____

City, State, Zip: _____

Phone number and Fax: _____

ESA Information

Owner's Name: _____

ESA's Name: _____

Animal Type and Breed: _____

Sex: Male Female

Spayed/Neutered: Yes No

Please check all that apply:

Canine Vaccinations

_____ DHLPP + C (Distemper, Hepatitis, Leptospirosis, Parvovirus, Parainfluenza, Corona)

_____ Bordetella

_____ Rabies

Feline Vaccinations:

_____ FVRCP (Panleukopenia, Rhinotracheitis, Calicivirus, Chlamydia)

_____ FeLV (Feline Leukemia)

_____ Rabies

Other Animal Vaccinations: _____

I verify the above mentioned animal has all current vaccinations as required.

- I verify that all the above vaccinations will remain current through one year.
- I verify the above mentioned animal has been given a stool sample test for internal parasites.
- I verify that the above animal is in general good health.

Veterinarian's Signature

Date