

Disabilities Resources Housing Accommodations Procedure

Please read this document in its entirety.

Students may request housing accommodations by completing a Housing Accommodations Request Packet, which includes documentation of a substantially limiting condition from their physician or other appropriate professional.

Request Process:

1. **You must be registered with Disabilities Resources to apply for housing accommodations.** If you are new to Disabilities Resources, you must [complete the accommodations intake form in Accommodate](#). If you are already registered with our office, you must submit a “supplemental” request in Accommodate.
2. After you have **submitted the entire housing packet**, your request will be prepared for review by the committee. **The following are all parts (a-d) of the packet to be completed and submitted to Disabilities Resources:**
 - a. **Housing Accommodations Request and Other Accommodations Related to Housing Request (if applicable):** this section will be completed by the *student* (pages 3 and 4; also top of page 9)
 - b. **Permission for Release of Information:** this section will be completed by the *student* unless the student is under 18 years of age, in which case the parent/guardian should complete it (page 8)
 - c. **Documentation of Disability-Related Need for Housing Accommodations:** this section will be completed by the *provider/physician/diagnosing professional* (pages 9 to 11)
 - d. **Provider Letter on Letterhead:** this attachment should be written by the *provider/physician/diagnosing professional* and should include on **letterhead** the most recent office visit for the student, the professional’s credentials, and professional’s signature (described on page 12)
3. The Housing Accommodations Committee reviews application.
4. Residence Life will notify you regarding the outcome of your request. If approved, Residence Life will include assignment information and further instructions.

*Please visit the Disabilities Resources website to confirm the deadline for submitting requests for housing accommodations. For **current students**, the deadline is typically early February. For **incoming students**, the deadline is typically early May.

*Housing requests will be accommodated based on the level of need and space availability. Requests turned in after the deadlines will be subject to space availability.

All completed documents should be submitted to:

Disabilities Resources
Elon University
2251 Campus Box
Elon, NC 27244

Phone: (336) 278-6568
Fax: (336) 278-6514
disabilities@elon.edu

Continuing Housing Accommodation Request

If you would like to keep your previously approved housing accommodation (i.e., room style, amenities granted, etc.) * for the next academic year, please complete the following steps:

1. Complete Residence Life's general Housing Application and indicate "Continuing Housing Accommodation on file" on the form.
2. Assignments will be made by Residence Life according to the timeline found here: <https://www.elon.edu/u/residence-life/resources/medical-requests/>.

***Note: A continuing housing accommodation DOES NOT mean you will be granted the same room exact room for next year. Rather, it indicates that we will place you in the same room/housing style based on the previously granted housing accommodation.**

Changed Housing Accommodation

If you want to request a change to a previously approved accommodation, please complete the following steps:

1. Complete:
 - a. **Housing Accommodations Request and/or Other Accommodations Related to Housing Request** (pages 3 and 4) by the due date found here: <https://www.elon.edu/u/residence-life/resources/medical-requests/>
 - b. **Roommate Pull-In Request**, if applicable (page 5)
 - c. **Roommate Agreement**, if applicable (page 6)
2. Email or fax completed the following completed forms to Disabilities Resources:
 - a. **Housing Accommodations Request and/or Other Accommodations Related to Housing Request** (pages 3 and 4)
 - b. **Roommate Pull-In Request**, if applicable (page 5)
 - c. **Roommate Agreement**, if applicable (page 6)
3. The Housing Accommodations Committee will review the request.
4. Disabilities Resources will email accommodation decision to student.
5. Assignments will be made by Residence Life according to the timeline found here: <https://www.elon.edu/u/residence-life/resources/medical-requests/>.

Housing Accommodations Request

To be completed by student. Please print or type.

Name:		Student ID #:
Campus Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Cell Phone:		Elon Email:
D.O.B.:	Are you a new, transfer, or a returning student? (mark one)	

Please list specific housing accommodation(s) and explain the need based upon documented disability or condition.

Request(s)

Justification*

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ Date: _____

*Please note – The Housing Accommodations Committee reviews requests to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.

Date Received: _____ (to be completed by ODR)

Other Accommodations Related to Housing Request

To be completed by student. Please print or type.

Name:		Student ID #:
Campus Box:	Residence Hall:	Semester and/or year to which this request applies:
Home Address:		
Cell Phone:		Elon Email:
D.O.B.:		Are you a new, transfer, or a returning student? (mark one)

Please list specific other accommodation(s) (e.g., own mattress/desk chair; furniture removal; access to a MicroFridge; washer/dryer access; etc.) and explain need based upon documented disability or condition.

Request(s)

Justification*

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ **Date:** _____

*Please note – The Housing Accommodations Committee reviews requests to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.

Date Received: _____ (to be completed by ODR)

Roommate Pull-In Request*

***Only complete if requested accommodation is in multioccupancy space (e.g., double room or shared living space)**

If my housing accommodation placement is in a multioccupancy space, such as a share apartment/room/suite, the ONE student who I would like to live with is:

- Name: _____
- Email address: _____

If the above person agrees to live with you, they will complete the Roommate Agreement on page 6 for you to submit with this packet.

Your roommate pull-in will also need to, by the deadlines on the Housing Selection Timeline:

1. Pay the Housing Reservation Fee of \$125 (if they are a rising Junior/Senior only)
2. Complete the Housing Application
3. Mutually match with you as a roommate on Self-Service (www.elon.edu/myhousing).

Then, Residence Life will then notify you and your desired roommate pull-in if this request has been granted and the location of your placement.

Roommate Agreement

_____ has requested me as a roommate, and I agree to be placed with them if they are assigned to a multioccupancy space (e.g., double room or shared living space).

Signature: _____

Printed Name: _____

Student ID: _____

Elon Email: _____

Date: _____

After signing this "Roommate Agreement," you all need to be sure to, by the deadlines:

1. Pay the Housing Reservation Fee of \$125 (if you are a rising Junior/Senior only)
2. Complete the Housing Application
3. Mutually match with each other as roommates on Self-Service (www.elon.edu/myhousing).

Then, Residence Life will then notify you and your desired roommate if this request has been granted and the location of your placement.

Important Notes

- Students placed in a single room in a residence hall as part of an approved housing accommodation will receive a credit on their Student Account to make their room cost equal to the cost of a double residence hall room. **This credit is not applicable to students assigned to apartment-style spaces in campus housing.**
- The Housing Accommodations Committee, which includes Residence Life, Disabilities Resources, and Medical Professionals, works to balance each student's medical/housing accommodation needs and their expressed *preference* for the location or room style. Once a student is placed in a space then the accommodation has been granted, *no further changes can be made based on preference.* We work to facilitate access to approved accommodations, but **we cannot accommodate preference for location or room style in our process.**

Permission for Release of Information

I give permission for the exchange of any medical, educational, or psychiatric information between the following Departments of Elon University:

Office of Disabilities Resources
Student Health Services Counseling
Services
Residence Life
Housing Accommodations Committee (offices noted above)

And _____

To be completed by student. (Please print)

Name of Diagnosing Professional:	
Title of Diagnosing Professional:	
Address:	
Phone:	Fax:

To be completed by student. (Please print)

Student's Full Name:	
Home Address:	
Phone:	Fax:
Email:	Student ID #:

(To be signed by student if age 18 or over. To be signed by parent or guardian only if student is under age 18).

Signature: _____ **Date:** _____

Return to:

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disabilities@elon.edu

Documentation of Disability-Related Need for Housing Accommodations

(This top section is ONLY completed by student. Please print.)

Student:		Phone:
Student ID #:	First-year, transfer, or returning student? (circle one)	D.O.B.:
Address:		

Please print. The diagnosing professional, who should not be a relative of the student, must complete this form.

1. Diagnosis:

2. What major life activity (e.g., walking, seeing, hearing, breathing, self-care, etc.) does the condition substantially limit?

3. Describe the current impact of the condition: (including negative health impact that may be permanent or life threatening if the request is not granted)

4. Original date of diagnosis: _____

By: _____ [Name]

_____ [Degree/Specialty]

5. Diagnostic criteria/tests used:

6. Date of most recent evaluation: _____

7. Treatments/medications/devices or services currently prescribed (name of medication and dose):

8. Expected duration, stability, or progression of the condition:

9. Other specialists that the patient has seen (if known):

10. Recommended housing accommodations:

11. Describe how the recommended housing impacts the condition:

12. Alternative recommendation(s):

(OPTIONAL) Additional comments:

Name of Diagnostician (Please Print): _____

Signature: _____

Date: _____

In addition to this form, please include, ON PROFESSIONAL LETTERHEAD, the date of the most recent office visit of the student, your professional credentials, and your signature.

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