THE
UNIVERSITY
OF RHODE ISLAND
DISABILITY, ACCESS
AND INCLUSION

HOUSING DOCUMENTATION FORM

Dear Medical/Clinical Provider:

The below-named student has requested housing accommodations from the office of Disability, Access, and Inclusion (DAI) at the University of Rhode Island. **By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information.**

Under the Americans with Disabilities Act (Amendments Act) of 1990 (2008) and Section 504 of the Rehabilitation Act of 1973, otherwise qualified individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is protected under the law, documentation must indicate that a *specific disability exists* and that the identified disability *substantially limits one or more major life activities,* and impacts a student's *living environment* in such a manner that accommodations are medically necessary.

Documentation and all relevant information must be completed or provided by an appropriate qualified professional such as a treating or diagnosing health or mental health professional. Documentation completed by a family member is not acceptable. For psychological disabilities, evaluation and documentation should be within the last six months unless the condition is one that does not change over time. All documentation will be evaluated on a case-by-case basis.

Single Room Accommodations: Requests for a single room as an accommodation based solely on a desire to have a "quiet, undisturbed place to study" or as a need for a "reduced distraction environment" will not be granted. By virtue of the shared facilities, resources, and number of people living under one roof, it is unrealistic to assume that a private room would provide for such quiet, distraction-free space to any appreciable degree beyond living in a standard double room.

All contact information and documentation provided to this office is kept in a secure, encrypted server accessible only to DAI personnel and vetted IT professionals with a technological need for access. Information concerning accommodations or documentation will not be released or discussed without written consent from the student.

All sections of this form must be completed and returned as soon as possible so that we may verify eligibility. Providers may also use their own format as long as the requested information is included, and the letter meets the documentation guidelines posted on our website (see footer). Incomplete or illegible requests may be returned, which will delay processing. This form and any other relevant documentation may be faxed to 401-874-5694 or emailed to dai@uri.edu.

Thank you in advance for your time and support.

The DAI Team

Attestation:

☐ I confirm that I am the medical/clinical provider who is overseeing the management of the diagnoses listed in this document, and that the recommendations contained herein result from a comprehensive understanding of the individual's profile and needs.

Provider name/date

Student name/date

THE
UNIVERSITY
OF RHODE ISLAND
DISABILITY, ACCESS
AND INCLUSION

Student Information - Completed by the Provider ONLY

First Name _____ Middle_____Last _____

Date of Birth _____

Diagnostic Information

Primary Diagnosis _____ Date of Diagnosis _____

Secondary Diagnosis _____ Date of Diagnosis _____

How was the diagnosis made? (please check all applicable answers)

- ☐ Interviews with the person themselves
- ☐ Interviews with other persons
- ☐ Behavioral Observations
- ☐ Developmental History
- ☐ Educational History
- ☐ Testing **(please enclose a copy)**
  - ☐ Neuro-Psychological Testing
  - ☐ Educational Testing
  - ☐ Psychological Testing
- ☐ Other (please specify) _____

Please indicate the level of need for the accommodations listed below. **Further detail is required on the next page**.

Housing Accommodations	Minimal /None	Moderate/ Preference	Medically Necessary	Unsure
First floor room	◯	◯	◯	◯
Private/semi-private room (specify on next page)	◯	◯	◯	◯
Private/semi-private bathroom (specify on next page)	◯	◯	◯	◯
Ability to control room temperature	◯	◯	◯	◯
Personal refrigerator for medication storage.	◯	◯	◯	◯
Auditory/Visual safety alarms (specify on next page)	◯	◯	◯	◯
Personal Refrigerator	◯	◯	◯	◯
Proximity to Dining, Health Services, etc...	◯	◯	◯	◯
Height adjusted room furniture	◯	◯	◯	◯
Service/Emotional Support Animal	◯	◯	◯	◯
Early Move-in	◯	◯	◯	◯
Safety support/alert to first responders	◯	◯	◯	◯
On campus housing as reasonable accommodation _____	◯	◯	◯	◯
Other: _____	◯	◯	◯	◯
Other: _____	◯	◯	◯	◯

THE UNIVERSITY OF RHODE ISLAND
DISABILITY, ACCESS AND INCLUSION

Medically Necessary Accommodations

Please provide a detailed explanation of the medically necessary accommodations from the previous section.

Medically necessary accommodation title:	
Medically necessary accommodation title:	
Medically necessary accommodation title:	
Medically necessary accommodation title:	
Medically necessary accommodation title:	

Please use the space below to list additional accommodations, and/or pertinent information. You may provide a separate letter or document detailing the information if there is not enough space in this form to do so.

Certifying Medical Professional

_____ _____

Signature of Medical Professional (required) Date

License # _____

_____

Printed Name and Title Phone # _____