

## HOUSING ACCOMMODATION REQUESTS BASED ON DISABILITY RELATED NEEDS

The Office of Disability Services (<http://disabilityservices.missouri.edu>) receives requests, reviews documentation and works with the Department of Residential Life to facilitate housing accommodations (e.g. wheelchair accessibility, modified safety alarms) for students with disabilities. Residential living and the learning environment are central to the Mizzou student experience, particularly for our first year students. We evaluate all requests for disability-based housing assignments carefully. Below is a summary of the factors considered when evaluating housing requests.

### 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. What is the likely impact on academic performance if the request is not met?
5. What is the likely impact on social development if the request is not met?
6. 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 request made with the initial housing request?
2. Was the request made before the deadline for housing requests for the semester in question?
3. Was the request made as soon as possible after identifying the need (based on date of diagnosis, receipt of housing assignment, change in status, etc.)?

### Feasibility and Availability

1. Is space available that meets the student's needs?
2. Is the student requesting special interest housing (e.g. learning community, FIG)? If so, can the requested configuration be met within that area?
3. Can space be adapted to provide the requested configuration without creating a safety hazard?
4. Are there other effective methods or housing configurations that would achieve similar benefits as the requested configuration?
5. How does meeting this request impact housing commitments to other students?

*To request housing accommodations, students must complete the attached **Student Request for Housing Accommodations** form, an **Intake Form** (available from Disability Services: call 882-4696 or email [disabilityservices@missouri.edu](mailto:disabilityservices@missouri.edu)), and provide supporting documentation. Supporting documentation should consist of an evaluation by an appropriate professional that relates the current impact of the disability to the request, and should include:*

- A diagnostic statement including the date of the most recent evaluation
- A description of the diagnostic criteria or tests used
- A statement concerning the current impact of (or limitations posed by) the disability
- A statement concerning the expected duration, stability or progression of the disability
- The credentials of the diagnosing professional

In addition, recommendations from the diagnosing/treating professional are welcome and will be given consideration in evaluating a request. Recommendations should:

- Provide a clear description of the recommended housing configuration
- Connect the recommended configuration to the impact of the disability
- Suggest possible alternatives to the recommended configuration
- Include a statement of the level of need for (or the consequences of not receiving) the recommended configuration

***To ensure the best opportunity for consideration, it is imperative that students submit requests for housing accommodations as early as possible for priority consideration.***

# STUDENT REQUEST FOR HOUSING ACCOMMODATIONS

To be completed by the student who is requesting accommodation.

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

Student ID Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

\_\_\_\_\_

Primary phone number: \_\_\_\_\_ Alternate phone number: \_\_\_\_\_

This request is for housing in the: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer semester

\_\_\_\_\_ Incoming 1<sup>st</sup> year student \_\_\_\_\_ Transfer student

\_\_\_\_\_ Returning student (year \_\_\_\_\_) \_\_\_\_\_ Graduate student

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*I understand that my request for housing accommodations cannot be addressed until all required documentation is received by the MU Office of Disability Services. I also understand that I will be charged the established room rate for the hall and type of room where I am assigned. By signing this form, I give permission for the Office of Disability Services and Residential Life to share pertinent information in order to facilitate my request for accommodation.*

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

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

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**Please indicate the housing accommodations you are requesting (use the space below to provide details):**

\_\_\_\_\_ Modified equipment for deaf or hard of hearing persons

\_\_\_\_\_ Wheelchair accessible room

\_\_\_\_\_ Wheelchair accessible shower

\_\_\_\_\_ Lowered closet rods

\_\_\_\_\_ Avoid stairs and/or must be on lower level

\_\_\_\_\_ Wheelchair access to elevator

\_\_\_\_\_ Wheelchair accessible furnishings

\_\_\_\_\_ Hands-free student room door access

\_\_\_\_\_ Private restroom

\_\_\_\_\_ Other

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\_\_\_\_\_

\_\_\_\_\_

**Explain how your request relates to your disability:**

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**Please use the space below (use additional sheets as needed) to provide any other information that will be helpful in evaluating and providing the accommodations you request. You may choose to answer these questions:**

1. Is the impact of the condition life threatening if your request is not met?
2. Is there a negative health impact that may be permanent if your request is not met?
3. Is your request an integral component of a treatment plan for your disability?
4. What is the likely impact on your academic performance if your request is not met?
5. What is the likely impact on your social development if your request is not met?
6. What is the likely impact on your level of comfort if your request is not met?

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**Please attach a completed Intake Form and your supporting documentation to this form and send to:**

**Office of Disability Services  
S5 Memorial Union  
University of Missouri  
Columbia, MO 65211  
Fax: 573-884-5002**

Note: If you wish to request academic accommodations, additional specific documentation may be required by the Office of Disability Services. This may be sent at a later time and under separate cover. You are encouraged to call (573-882-4696) or email ([disabilityservices@missouri.edu](mailto:disabilityservices@missouri.edu)) us if you have questions regarding your rights and responsibilities in this process.

**REGISTRATION WITH DISABILITY SERVICES IS REQUIRED FOR ACCOMMODATIONS TO BE PROVIDED**