



Request for Housing due to Medical Issues

The following guidelines have been established to accommodate students who have special needs that may impact their housing.

Policy Statement:

All requests will be reviewed on a case-by-case basis and documentation of a special need or disability **does not** guarantee that your application will be approved.

Assignments are made only if space is available. Assignment to a specific residence area cannot be guaranteed. Learning disabilities, attention deficit disorder, and most psychological disorders generally **do not** warrant special housing. All requests will be reviewed by the Director of Health Services and by the Director of Housing and Residential Life on a case-by-case basis. It should be noted that medical requests are for an individual, not a group. The Office of Housing and Residential Life makes all final decisions for medical requests.

Procedure:

1. Complete the attached form.
2. Submit forms with supporting documentation to the Office of Housing and Residential Life in Rotunda 387.
3. **Students need to re-apply each year and submit updated supporting documentation as necessary.**

If you have any questions regarding this policy, please contact the Office of Housing and Residential Life at (845) 575-3307.

Continuing Resident Students must complete the form below and submit the completed form to the Office of Housing and Residential Life prior to May 2, 2016

Incoming Resident Freshmen & New Transfer Students must complete the form below and submit the completed form to the Office of Housing and Residential Life prior to June 24, 2016

Name: _____ CWID #: _____

Campus Address: _____ Cellular Phone: _____

Home Address: _____ Home Phone: _____



Diagnostician Form

Student Name: _____

Submit the following form to the diagnostician who performed your original evaluation (if available) or a comparable source. The diagnostician must be an impartial individual who is not a family member nor in a dual relationship with the student.

Diagnostician Name: _____ **Phone Number:** _____

Diagnostician Signature: _____ **Date:** _____

Professional License Number: _____ **Email:** _____

Please provide the following information regarding the above named student's request for special housing accommodations at Marist College. It should be forwarded on letterhead to the appropriate office listed below along with this form.

- A copy of the most recent evaluation.
- The current impact of (or limitations imposed by) the condition
- Treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition
- The expected duration, stability or progression of the condition
- A clear connection between the recommended housing arrangement to the impact of the condition.
- A statement of the level of need for (or consequences of not receiving) the recommended configuration
- A clear description of the recommended housing arrangement

Office of Housing and Residential Life
Marist College
3399 North Road
Poughkeepsie NY, 12601
Telephone: (845) 575-3307
Fax: (845) 575-3788



Special Housing Accommodations for Health/Medical Concerns

Please have your primary care provider fill out this form to be considered for special housing.

Student Name _____ Date _____

Diagnosis _____

Medications _____

Last hospitalization for this diagnosis _____

Last exacerbation of this diagnosis _____

Treatment plan _____

Accommodations needed:

- Air Conditioning, Handicapped Accessible, Single Space, Handicapped Bathroom, Other (Specify)

Duration accommodations required _____

Role Accommodations will play in treatment plan _____

Health Care Provider Signature, Print Name, Address, Telephone

This form will be reviewed by the Director of Office of Housing and Residential Life and the Director of Health Services. By submitting this form, the student is giving the Director of Health Services permission to contact her/his primary care provider for further information, if necessary.

Student Signature _____ Date _____

Please submit this form to:

Office of Housing and Residential Life
Marist College
3399 North Road
Poughkeepsie, NY, 12601
Or Fax to (845) 575-3788



Request for College Housing due to Psychological/Psychiatric Disability Needs

Please have your treating professional fill out this form to be considered for special housing.

Student Name _____ Date form completed _____

Name of person completing this form _____

Professional credentials _____ Title _____

Address _____

Telephone _____

Role of person completing form: treating professional evaluator
 other _____

Date of first contact (d/m/y, if possible) _____

Frequency of continuing contact with student: none weekly
 other (explain) _____

Is the student in treatment? yes no no information

Is the student on medication? yes no no information

If yes, what medication(s) _____

What is the date of your most recent contact with the student? _____

Is the student compliant with treatment? yes no no information

Does the treatment mitigate some of the functional limits caused by the student's impairment?

yes no no information

How long do you expect that this student will be in treatment? _____

Describe the continuing treatment plan: _____



Request for Service and Support Animals

Please have your treating professional complete this form when submitting a medical request that includes a request for a Service or Support Animal.

Student Name _____ Date form completed _____

Name of person completing this form _____

Professional credentials _____ Title _____

Diagnosed Disability _____

In what way is the animal necessary to afford this student with the above named disability an equal access to Marist College's educational program?

Is there an identifiable relationship or nexus between the disability and the assistance the animal provides? If yes, please explain.

Is the animal house broken? [] yes [] no

Does the animal pose a threat to the health and safety of others? [] yes [] no

Has the animal caused substantial damage to any property in the past? [] yes [] no

Is the student capable of taking effective action to control the animal at all times? [] yes [] no

Has the animal ever scratched or bitten any person or animal in the past? [] yes [] no

Does having the animal in residence impact the College's emergency, maintenance, or residential programs? [] yes [] no