



## Housing Accommodation(s) Procedure

Students with disabilities may request accommodation(s) in their residence hall by completing the *Housing Accommodation(s) Packet*, which includes documentation of a substantially limiting condition from their physician or other appropriate professional. The *Housing Accommodation(s) Packet* includes the three forms described below. Housing accommodations include, **but are not limited to**:

- Wheelchair-accessible room and bathroom
- Flashing fire alarms
- Reduction of number of roommates

**Please complete the following three forms and submit to the Office of Disability Services:**

1. Student-completed form: "Housing Accommodation(s) Application"
2. Student- or parent-completed form: "Permission for Release of Information"
3. Student- and physician-completed form: "Documentation of Disability-Related Need for Housing Accommodation(s)". In addition to this form the physician must include, **on letterhead**, the date of the most recent office visit of the student, his/her professional credentials, and his/her signature.

The priority deadlines for submitting the *Housing Accommodation(s) Packet* to the Office of Disability Services for Fall Semester are April 1 for returning students and June 15th for new students. For new students entering ECU in the Spring Semester the dates are November 15 and April 15 for new students entering ECU for the Summer term. Failure to meet the priority deadline may mean that the residence hall of choice is not available. Students must re-apply **every year** for housing accommodation(s). Returning students should visit with the Office of Disability Services to determine if their documentation needs to be updated before completing and submitting their Packet.

### **Application Process:**

1. Schedule a meeting with the Disability Services Coordinator by calling 580-559-5677
2. Submit the completed *Housing Accommodation(s) Packet* to the Office of Disability Services.
3. Office of Disability Services reviews Housing Accommodation(s) Packet.
4. The Office of Disability Services sends a letter to the student notifying him/her of the outcome of the review.

Please note: The Office of Disability Services may require a face-to-face interview with the requesting student as a part of the application process.

Submit to:

Teresa Fisher, Disability Services Coordinator  
Office of Disability Services  
Room 159 Administration  
1100 East 14<sup>th</sup> Street, PMB S-35  
Ada, OK 74820-6999, or by fax (580)559-5294



# Housing Accommodation Request Form

To be completed by student. Please print.

|                                |              |                  |                             |
|--------------------------------|--------------|------------------|-----------------------------|
| _____                          |              | _____            |                             |
| Last Name                      | First Name   | MI               | ECU ID# (or SS# if unknown) |
| _____ Male                     | _____ Female | _____ Age        | Email Address _____         |
| Mailing Address _____          |              | _____            |                             |
| PO Box or Street Address _____ |              | Home Phone _____ |                             |
| _____                          |              | _____            |                             |
| City                           | State        | Zip              | Cell Phone                  |

Please list specific housing accommodation(s) and explain need based upon documented disability. Attach additional sheets as necessary.

### Request(s)

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### Justification\*

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

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

\*Note – The Office of Disability Services reviews applications to ensure that the claimed disability is a “substantially limiting condition” as defined by the Americans with Disabilities Act.

**Return to: Office of Disability Services, Administration Building, 159B, East Central University, 1100 East 14<sup>th</sup> Street, PMB S-35, Ada, OK 74820-6999, or by fax (580)559-5294**



## Permission for Release of Information

I give permission for the exchange of my medical, psychological, psychiatric, sociological, or educational information between the following Departments of East Central University to facilitate the processing of my application packet requesting accommodation(s) in the residence hall:

Office of Disability Services

Health Services

Student Counseling Center

Department of Housing, Residence Life and Dining Services

Other \_\_\_\_\_

**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 Full Name: | ECU ID# or SS#: |
| Home Address:      |                 |
| Home Phone:        | Cell Phone:     |
| Email:             |                 |

(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: Office of Disability Services, Administration Building, 159B, East Central University, 1100 East 14<sup>th</sup> Street, PMB S-35, Ada, OK 74820-6999, or by fax (580)559-5294**



## Documentation of Disability-Related Need for Housing Accommodation

**(This top section ONLY to be completed by student. Please print.)**

|             |             |         |  |
|-------------|-------------|---------|--|
| Name:       |             | ECU ID: |  |
| Home Phone: | Cell Phone: | Email:  |  |
| Address:    |             |         |  |

**Please print. This form must be completed by a professional who is qualified to diagnose or make an evaluation of existing records and who should not be a relative of the student.**

1. Diagnosis:

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

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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)

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4. Original date of diagnosis: \_\_\_\_\_

By: \_\_\_\_\_  
Name Degree/Specialty

5. Diagnostic criteria/tests used:

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6. Date of most recent evaluation: \_\_\_\_\_

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

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

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

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10. Recommended housing accommodations:

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11. Describe how the recommended housing impacts the condition:

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12. Alternative recommendation(s):

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(OPTIONAL) Additional comments:

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Name of Diagnostician  
(Please Print): \_\_\_\_\_

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

Office Phone Number: \_\_\_\_\_  
Office Fax Number: \_\_\_\_\_

Signature of Diagnostician: \_\_\_\_\_  
Date: \_\_\_\_\_

**In addition to this form, please include, ON LETTERHEAD, the date of the most recent office visit of the student, your professional credentials, and your signature. Also include, at your discretion, any documentation you believe will clarify or support the diagnosis.**

**Please return to Coordinator of Disability Services, by mail:**  
Teresa Fisher, Disability Services Coordinator  
Office of Disability Services  
Room 159 Administration  
1100 East 14<sup>th</sup> Street, PMB S-35  
Ada, OK 74820-6999, or by fax (580)559-5294