



OFFICE OF SPECIALIZED SERVICES

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505 Ramapo Valley Road, Mahwah, NJ 07430-1680  
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Email : oss@ramapo.edu  
www.ramapo.edu

## Provider Housing Accommodation Documentation Form

In order to evaluate requests for housing based on disability-related needs accurately and equitably, the Office of Specialized Services (OSS) requires documentation. This documentation consists of an evaluation by an appropriate professional that relates the current impact of the condition to the request. Documentation must clearly support the housing request.

Specific housing requests can be difficult to fill. The College recognizes that all students may benefit from securing college housing that is considered the most preferred by the student. However, placing every student who requests an accommodation in a residence hall that meets their request is not always possible due to the limited number of spaces available (i.e. single bedrooms, private baths, kitchens). Therefore, only those students who present documentation substantiating their request to be necessary and not just beneficial will be recommended and granted special housing arrangements. In order to make this determination, it is important that the documentation supports the request and demonstrates that the accommodations requested are necessary to the student's ability to live on campus.

The following form needs to be filled out in its entirety. The student may fill in the student information. The care provider must fill in the diagnostic and the provider information. Upon completion, the form may be faxed to the Office of Specialized Services at 201-684-7004.

### Student Information

(Please type or print legibly)

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

Date of Birth: \_\_\_\_\_ Student R#: \_\_\_\_\_

Cell phone: (\_\_\_\_) \_\_\_\_\_ Ramapo email address: \_\_\_\_\_

## Diagnostic Information

1. How long have you treated this student?

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2. What was the date of your last appointment?

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3. How often do you see the student?

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4. Please describe the disability, including condition and symptoms.

5. Has the student ever been hospitalized as a result of the condition? If so, when was the last hospitalization?

6. What factor(s) improve and/or exacerbate this condition?

7. How frequently is the student affected by this condition?

Daily

Weekly

Monthly

Seasonally

Other (please specify): \_\_\_\_\_

8. For allergy patients: Has the patient been skin tested by an allergy specialist?

No

Yes

N/A

Disability not allergy-related

If yes, what were the results?

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9. Which daily activities are limited by the disabling condition and how are the activities limited by this condition?

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10. How many days did the condition limit activities during the past year?

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11. What specific symptoms affect the student's ability to function in the residence or dining halls?

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12. How will the student manage these symptoms in other campus settings? (e.g. classrooms, dining halls, etc.)

13. What is the student's prognosis? \_\_\_\_\_

14. How long do you anticipate the student might need accommodated housing?

**Choose one:**

One semester

One academic year

More than one year

15. How might medication side effects, if any, affect the student's ability to function in the residence halls?

16. What housing/dining services accommodation do you recommend for the student?

17. If the requested accommodation is not feasible, what are alternative accommodations that can address the student's needs?

18. Would the student be able to live on campus and function effectively without the accommodation (i.e. interact with roommates/suitemates, personal grooming, meals, etc.)?

Yes

No

19. Can the student live on campus and take advantage of its offerings without the accommodation (interact socially, attend club meetings, participate in organizations on campus, etc.)?

Yes

No

20. In the event of an on campus emergency (e.g. fire drill, bomb threat) requiring evacuation, will this student need assistance?

No

Yes

**If Yes, please explain:**

**Provider Information**

(Please sign and complete fully)

Provider Signature: \_\_\_\_\_

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

Provider Name (print):

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Title: \_\_\_\_\_

License or Certification #:

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Address:

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Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Methods of return:

- 1) Complete this fillable form electronically and email by clicking the email button at the top of page 1.
- 2) Print and scan to [oss@ramapo.edu](mailto:oss@ramapo.edu)
- 3) Print and fax to 201-684-7004
- 4) Print and mail to:

Office of Specialized Services  
Ramapo College of New Jersey  
505 Ramapo Valley Rd.  
Mahwah, NJ 07430

**DOCUMENTATION RETENTION** - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational record. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for two years.