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Provider Housing Accommodation Documentation Form

In order to evaluate accommodation 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, etc.). Therefore, only those students who present documentation substantiating their request to be psychiatrically/medically 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 psychiatrically/medically **necessary** for the student's ability to live on campus.

Please keep in mind:

Please note that a medical diagnosis and recommendation for a particular accommodation alone do not establish a disability-related need for housing accommodations. A student's professional healthcare provider documentation must establish the following for a condition to be considered a disability:

- Compelling evidence, including treatment history, to indicate the impact of a physical or mental health impairment that limits the student's participation in a significant life activity
- A substantial degree of functional impairment;
- Sufficient explanation of how the requested housing assignment relates to the current impact of the condition.

Residence Halls Occupancy

Most students will share a bedroom with no more than 1 other student. Apartments/suites are designed to house up to four students. Single bedrooms are generally housed by upper class students.

Bathroom Occupancy

All housing placements are equipped with a private/ single use bath. First year and transfer students will share a bath with only 1 other student. Continuing students will share a single use bath with no more than 3 other students.

The following form needs to be filled out in its **entirety**. The student may fill in the student information only. The provider must fill in the diagnostic and the provider information.

Student Information: (Student can complete this section)

(Please type or print legibly)

Name: _____

Date of Birth: _____

Student R#: _____

Cell phone: _____

Ramapo email address: _____

Diagnostic Information: (Provider needs to complete the rest of the form).

1. How long have you treated this student?

2. When was the date of your last appointment?

3. How often do you see the student?

Impact of Disability

4. Please describe the disability, including diagnosis, severity (mild, moderate, or severe) and symptoms.

5. What specific symptoms is the student experiencing and how will these symptoms be mitigated by the requested accommodations?

6. Describe the following in relation to how the student's disability manifests (Please select one):

- Frequency:
 - daily
 - weekly
 - monthly
 - unpredictable flare ups
- Duration:
 - ___ minutes
 - ___ hours
 - ___ days
 - ___ weeks
- Is the condition progressive?
 - No
 - Yes; please provide details:

- How would you describe the condition?
 - acute
 - chronic
 - episodic
- Prognosis:
 - Good
 - Fair
 - Poor

7. Which daily life activities are limited by the disabling condition and how are these activities impacted?

8. What factor(s) improve the condition?

9. What factors exacerbate this condition?

10. How many days did the condition limit major life activities in the past year?

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

10. For allergy patients, has the patient been skin tested by an allergy specialist?

- Not applicable/Disability not allergy-related
- No
- Yes: If yes, what were the results?

11. How long do you anticipate the student will likely need accommodated housing?

Choose one:

- One semester
- One academic year
- More than one year

12. What medication has been prescribed to mitigate the student's symptoms?

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

- No side effects
- Moderate side effects
- Severe side effects
 - Please explain:

14. What housing/dining services accommodations do you believe is medically/psychiatrically necessary for the student?

Note regarding single room requests as an accommodation: Single rooms comprise a small percentage of available college housing. A disability-related request for a single room should explain in what way(s) sharing sleeping space with another person in a double-sized room would create a barrier to equal access in housing. (e.g. how would typical roommate adjustments such as using headphones/sound screen devices or apps, using a sleeping mask, access to other private spaces on campus for studying/decompressing, or negotiating shared space not be effective for this student?) Students have access to many places on campus and in the community to decompress, unwind, or process their emotions in places other than the room where they sleep.

Note regarding private bathroom requests as an accommodation: All housing placements are equipped with a private/ single use bath. First year and transfer students will share a bath with only 1 other student. Continuing students will share a single use bath with no more than 3 other students.

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

16. 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; please explain:

17. 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; please explain:

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

- No
- Yes; please explain:

Provider Information: (Please sign and complete fully)

Provider Signature: _____

Date: _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

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
- 3) Print and fax to 201-684-7004
- 4) Print and mail to:
Office of Specialized Services C205
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.

Please keep in mind that all housing requests are subject to availability.