

Housing Request Due to Medical, Physical, Psychological Reasons

In order to evaluate how to meet your special needs housing, we require specific information from both you and your healthcare provider. You must also fill out and sign the Authorization to Receive Health Care Information. This provides the university permission to speak with the healthcare provider if we have questions regarding recommendation provided for accommodation. Your healthcare provider must complete the rest of this form, sign it, and return the completed packet to the Office of Residence Life.

Housing Procedure for Accommodating Special Medical Needs

The residential experience is an essential part of the Southeast Missouri State University experience. For this reason, the Office of Residence Life works in conjunction with the Office of Counseling and Disability Services to determine the most appropriate housing accommodation for a special needs student. Students requesting special accommodations for medical, psychological or other physical disability related conditions must register with the Office of Counseling and Disability Services and have to meet the Americans with Disabilities Act and/or Section 504 of the Rehabilitation Act of 1973. Information provided for special consideration is kept confidential and is only used during the evaluation.

Students should submit a statement outlining their request for accommodations. In addition to the basic documentation about a medical condition, further recommendations from a treating professional are welcome and will be given consideration in evaluating a request.

Requesting Contract Cancellations due to Special Medical Concerns

Requests to cancel housing contracts due to a medical, psychological, or physical disability requires completion of the ***Petition to Terminate Housing Contract*** from the Office of Residence Life. The documentation for release must include reasoning that is supported by appropriate medical documentation and must substantiate the claim that University housing cannot meet the medical need of the student. If a different location on campus will negate or minimize the effects of the medical condition, cancellations will not be approved.

Factors considered when evaluating special housing requests:

- Is the request an integral component of a treatment plan prescribed by a healthcare provider for the condition in question?
- Is space available to accommodate the student's need?
- Can space be adapted without creating a safety hazard?
- Are there other effective means that would achieve similar benefits as the requested accommodation?
- How does meeting the need impact housing commitments for other students?
- Is the request to live off campus based upon specific evaluation of the residence halls at southeast?
- Is the request to live off campus based upon specific evaluation of the residence halls at Southeast Missouri State University?
 - Not all halls are the same, therefore a letter simply saying a student should live off campus, absent specific reasons why the residence hall is not supportive of the student's needs, will not be granted.

Authorization to Receive Health Care Information

Complete the top portion of the form below. Fill out and sign the Authorization to Receive Health Care Information below. This provides the university permission to speak with your healthcare provider if we have questions relating to his/her recommendation for accommodation(s). Have your health care provider complete the rest of this form, sign it, and fax or mail the packet to the Office of Residence Life.

Student Completes This Section:

(Please Print or Type):

Student Name: _____
(Last) (First) (Middle)

Student ID Number: _____

Birth Date: _____ Gender: ___ Male ___ Female

Home Address: _____

Home Phone #: _____

Local Address: _____

Local Phone #: _____ E-Mail Address: _____

I authorize the Office for Residence Life and Housing to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the Office for Residence Life and Housing.

Name of Provider: _____

Address (Street, City, State, and Zip): _____

Student's Signature: _____ Date: _____

If you chose **yes**, please describe the symptoms related to the student's condition that cause **significant** impairment in a major life activity.

7) Are the medication treatments successful?

Yes

No

If yes, are additional accommodations necessary? _____

8) Does the student have a disability* as a result of this condition?

Yes

No

If yes, please state specific recommendations regarding housing accommodations for this student, and a rationale as to why these housing accommodations are warranted based upon the student's functional limitations. Indicate why the housing accommodations you recommend are necessary (e.g., if you request a personal bathroom, state the reasons for this request related to the student's disability).

The provider may also send a report that provides additional related information.

Signature of Provider: _____ Date: _____

(Please print) Name/Title: _____

Address: _____

Phone: _____

Fax: _____

Return Address:

Southeast Missouri State University
Office for Residence Life
One University Plaza MS 0055
Cape Girardeau, MO 63701

Fax 573-651-2557