Special Housing Request Form

UPSTATE
University of South Carolina Upstate

Dear Student,

In an effort to effectively respond to student requests for special housing modifications or accommodations, the University has created the Special Housing Request Committee. The committee is made up of a group of USC Upstate professionals representing Disability Services, Health Services, Counseling Services and the Office of Residence Life.

In order to fully evaluate your request, the Special Housing Request Committee, will need documentation of your condition or disability. Documentation should be current and comprehensive in light of the request and consist of an evaluation by an appropriate professional that describes the current functional impact of the condition or disability as it relates to the housing modification or accommodation requested.

Documentation provided will be used by the Committee to evaluate your request. The Committee will generate a list of potentially reasonable modifications or accommodations based on:

Information provided by the diagnosing professional
Potential effectiveness
Maximum level of integration
Potential for an undue financial or administrative burden

USC Upstate reserves the right to request additional documentation if the information submitted appears to be outdated, inadequate in scope, or content, does not address the student's current level of functioning or substantiate their need for modifications or accommodations. Students will be notified in writing of the Committee's decision.

Deadlines: A fully completed *Certification of Condition or Disability Form* must be received by the Special Housing Request Committee by February 1st for returning USC Upstate students that are new to housing and by May 15th for freshmen. Requests received after the stated deadlines will be considered on an as available basis.

The attached *Certification of Condition or Disability Form* has been developed to assist you in working with your diagnosing or treating professional to prepare the information needed to evaluate your request. **Please complete the attached form and return it to the Special Housing Request Committee.**
PLEASE NOTE: The committee will not review the request until all documents have been submitted.

Questions about the Special Housing Request process may be directed to the Special Housing Request Committee at or by contacting the Office of Disability Services at Phone (864) 503-5199.

Special Housing Request Committee
USC Upstate
800 University Way
CLC 107
Spartanburg, SC 29301
wwoodsby@uscupstate.edu

Special Housing Request Form

UPSTATE
University of South Carolina Upstate

Certification of Condition or Disability Form PART 1 of 2

To Be Completed by the Student

1. The Special Housing Request Committee will be unable to consider any requests for housing modifications or accommodations until all the requested information is received.
2. Fill out your name, address, Student ID, date of birth, in the space provided below.
3. Have a qualified diagnosing/treating professional, who is familiar with your condition or disability complete PART 2 of the form. You may need to explain the purpose of the form to your clinician. *Note: The diagnosing/treating professional should not be an immediate family member.*
4. Return this form, along with any supporting documentation to:

Special Housing Request Committee
USC Upstate
800 University Way
CLC 107
Spartanburg, SC 29301
Phone: 864-503-5199 Fax: 864-347-3328

Student Name: _____
Student ID Number: _____ Date of Birth: _____ Sex: M F Other
Street Address: _____
City, State, Zip: _____
Home Phone: _____
Cell Phone: _____
E-Mail Address: _____
Current Academic Level: Incoming Freshman / Sophomore / Junior / Senior
This request is for housing in the: Fall / Spring / Summer
Do you have a health record on file in the Student Health Center?: Yes / No

Describe Your Special Housing Request (check all that apply):

	Modified equipment for deaf or hard of hearing persons i.e. fire alarms, strobe,etc
	Wheelchair accessible Residence Hall
	Avoid stairs and/or must be on a lower level
	Wheelchair accessible shower
	Lowered closet rods
	Wheelchair access to elevator
	Shower seat
	Wheelchair accessible furnishings (i.e. desk)

Special Housing Request Form

UPSTATE
University of South Carolina Upstate

	Other:

Explain how your request relates to your medical condition or disability:

To be complete, requests must include the student's signature affirming agreement and clear responses to the questions above. Requests must be submitted in a timely fashion according to the deadlines for housing applications for each academic term.

As indicated by the signature below, the student submitting this request agrees that any information relevant to consideration of the request may be reviewed by appropriate University staff in evaluation and in any subsequent provision of accommodations.

_____ _____

Student's Signature Date

Special Housing Request Form

UPSTATE
University of South Carolina Upstate

Certification of Condition or Disability Form PART 2 of 2

To Be Completed by Diagnosing/Treating Professional

1. Fill out your name, certification and contact information below.
2. Provide information addressing the nine separate items listed below by filling out this form or providing a printed narrative on your official letterhead.
3. Should the information requested below be contained in a current, comprehensive evaluation report – please attach a copy of the report to this form.
4. Please return to the USC Upstate Office of Disability Services
   ATTN: Wendy Woodsby 800
   University Way, CLC 107
   Spartanburg, SC 20301
   Or fax to 864-347-3328
   Please note: The patient should not be an immediate family member.
   Student Name: _____

1. Diagnostic statement identifying the condition or disability:

2. Date of the most current diagnosis: _____
3. Date of the original diagnosis: _____
4. Description of the current substantial functional impact of the condition or disability on a major life activity:

5. Treatments, medications, and/or assistive devices/services currently prescribed or in use:

Special Housing Request Form

UPSTATE
University of South Carolina Upstate

6. Description of the expected progression or stability of the impact of the condition or disability over time, particularly the next 5 years:

	Permanent/Chronic
	Long-term: 6-12 months
	Short-term/Temporary: 6 months or less Expected Duration:

7. **Please list any recommendations for housing modifications or accommodations and indicate how these modifications or accommodations would mitigate the substantial functional impact of the condition or disability.** If relevant, you may also choose to address issues concerning impact on academic performance, social, and emotional well-being as well as the relationship of recommendations of the treatment plan and any negative impact that might result if accommodations are not provided. Use additional sheets as needed.

Special Housing Request Form

UPSTATE
University of South Carolina Upstate

Please Check The Most Appropriate Description For This Individual:

I, the undersigned diagnostic/treating professional, certify that the above named student:

Check One:		Meets the definition of a ***disability**** as defined by the American's With Disabilities Act & Section 504 of the Rehabilitation Act of 1973. **Impairment that substantially limits a major life activity.*
		Has a medical condition that is not a disability, but may warrant consideration for special housing modification.
		Does not have a condition that would require the requested modification(s).

Qualified Diagnostic/Treating Professional Information:
Please type or print. Thank you.

Name: _____
Title: _____
Certifications or Licensure: _____
Address: _____
City, State, Zip: _____
Telephone Number: _____ Fax Number: _____
Email: _____

_____ _____
Signature Date