<u>The College of Saint Rose</u> <u>Housing Accommodation/Meal Plan Waiver Request</u> <u>Instructions and Information</u>

Students who are requesting a housing accommodation based on a disability or chronic medical condition should be sure to understand the information and follow the steps outlined below. While the College of Saint Rose seeks to support students in a holistic manner, our ultimate goal is to provide all students with an equal opportunity to benefit from the programs and activities of the College. Some requests may be deemed unreasonable and/or may present an unreasonable administrative or financial burden to the institution. In these cases College staff will work with students to help identify alternative arrangements. Please direct any questions or need for clarification to the address below.

The attached Housing Accommodation Request and, if applicable, Meal Plan Waiver Request Form must be completed in full. As indicated on the form, appropriate sections must be completed by a qualified and licensed health or mental health professional. If a care provider prefers to submit a letter on a student's behalf, it must be submitted on letterhead and all questions on the form must be fully addressed.

Please keep in mind that completion of this form does not guarantee that an accommodation request will be approved. In regard to meal plan waiver requests, students must demonstrate that dietary restrictions caused by a specific medical or disability condition cannot be met by Dining Services. In most cases students will be asked to meet with the Director of Dining Services who will forward a recommendation to the Housing Accommodation Committee. Lifestyle choices such as an organic or vegetarian diet will not be considered as sufficient to approve a meal plan waiver. All documentation will be maintained as confidential and should be submitted to:

The Office of Services for Students with Disabilities Academic Support Center St. Joseph Hall The College of Saint Rose 432 Western Ave. Albany, NY 12203 Phone: (518) 337-2335 Fax: (518) 485-3822 asc@mail.strose.edu

Upon receipt of an application the Office of Services for Students with Disabilities will perform an initial review to determine that the Housing Accommodation Request Form has been completed in full and that the impact of a student's condition is significant enough to consider reasonable accommodation under the Americans with Disabilities Act as amended and Section 504 of the Rehabilitation Act. Provided that the above conditions are met, the application will be forwarded to the Housing Accommodation Committee for review and, if appropriate, identification of specific accommodation. The Committee reserves the right to request additional information from the student as necessary.

A decision regarding specific requests will be communicated to students by a member of the Housing Accommodation Committee, which will make a good faith effort to notify the student of the status of his/her request in a timely manner. If the appropriate housing is available when the committee determines that a student is eligible for a housing accommodation, the student will not be charged additional fees for that accommodation. The College reserves the right to pair students with similar environmental, physical, and/or scheduling accommodations in lieu of offering a single room.

Appeal Process

A student who wishes to appeal a decision made by the Housing Accommodation Committee may do so by submitting written notification to the Assistant Vice President for Student Affairs, Academic and Student Support Services at the address above. A letter of appeal should be submitted within 5 days of the decision notice.

<u>The College of Saint Rose</u> <u>Housing Accommodation/Meal Plan Waiver Request Form</u>

Name:		Date	:	_ I.D. #:		Gender:	
Residence Hall:		Phone#:		Cell Phone #:			
Home Address:							
E-mail address:							
Student Status:	Freshman	Transfer	Sophomore	Junior	Senior		
I am requesting a:	\Box He	□ Housing Request □ Meal Plan Waiver request					
Please explain request	:						
(The information below waiver the second sect				st. If you are	submitting a rea	quest for a meal plan	
This student is request	ing this accomn	nodation as of (da	te or semester)	:			
This request is the resu of the time I reside in o				I I will need to	be accommodat	ed for the remainder	
Student is a: \Box Nor	n-Smoker	□ Non-Smoke	r who will live	with a smoke	r 🗆 Smoker		
Physician/Therapist's	Name:						
Address:							
Phone Number:							
Physician/Therapist's Signature:			Student's Signature:				
Clinical diagnosis:			Date of initial Diagnosis:				
Please explain the imp	act of the above	e diagnosis on the	student's daily	life:			
How long has the stud	ent been in you	r care?	When v	vas the studen	t's last visit?		
Please describe what t	ype of follow-uj	p care and the free	quency of the c	are you will p	rovide:		
Please explain how the medications, assistive		ed the impact of h	nis/her conditio	n in the past (i.e. previous acco	ommodations,	

In detail, please explain how the student will be impacted if the requested accommodation is denied:

<u>If requesting a meal plan waiver, please have your physician complete the</u> <u>following section of this form. Please print clearly and legibly.</u>

Based on the student's diagnosis, how has s/he adapted eating habits prior to attending The College of Saint Rose?

Is the student currently working with a dietician in addition to your services? Yes: ____ No: ____ (If you are not currently working with a dietician, you must meet with a dietician and design a diet plan prior to submitting this form for review. Please attach your diet plan to this form.)

Please provide a detailed list of foods that are NOT to be eaten:

Please provide a detailed list of foods that MAY be eaten on a regular basis:

What is the student's plan for meeting his/her nutritional needs without campus food service?

Staff Use only:

Approved: _____

Denied _____

Date: _____