

Bates

HOUSING ACCOMMODATIONS REQUEST FORM

As part of our mission to foster diverse and inclusive learning and living environments, Bates College is committed to supporting students with documented disabilities. As a residential community, Bates prioritizes the residential experience as an essential part of our institutional commitment to educating the whole person.

All students admitted to Bates enjoy full access to its programs and services, including residence life. In accordance with Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, Bates has established procedures to ensure students with documented disabilities receive housing assignments that reasonably meet their needs as required by law.

A standard housing assignment is a two or three person sleeping room with bathroom facilities located on the same floor, but not in the room. Requests for particular housing assignments based on a student's preference, rather than need, for a particular type of living environment, such as a certain type of room or location or desire for a quiet place to study will not be honored. Single rooms represent a small portion of available housing options and are granted as accommodations only in rare circumstances. Such requests will be reviewed on a case-by-case basis.

In some instances, information or documentation in addition to this form may be required. Please visit the [Accessible Education and Student Support website](#) for guidelines on disability documentation or click [here](#).

FOR STUDENTS: This form should be completed by your health care professional and returned directly to:

Office of Accessible Education and Student Support

Bates College

Ladd Library G35, 48 Campus Avenue

Lewiston, ME 04240

Email: accessibility@bates.edu / Fax: 207-753-6971 / Phone: 207-786-6222

TO BE COMPLETED BY THE HEALTH CARE PROFESSIONAL:

This form is to be completed for students requesting a housing accommodation from Bates College based on an asserted disability. The Americans with Disabilities Act defines an individual with a disability as "a person who has a physical or mental impairment that substantially limits one or more major life activities, a person who has a history or record of such an impairment, or a person who is perceived by others as having such an impairment." Major life activities include, but are not limited to: caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, and the operation of major bodily functions.

Student Name: _____ Date: _____

Name and professional credentials of the provider making the recommendation:

Based on the above definition, does the individual have a disability? YES NO

If yes, please indicate the disability/disabilities: _____

Please provide the code(s) for the disability/disabilities (if applicable): _____

Code source(s): DSM-V DSM-IV-TR ICD-9 ICD-10

Date of diagnosis: _____ Made by you? YES NO If not, by whom? _____

Number of consultations in past 3 years: _____ Date of most recent evaluation: _____

Length of time under your care: _____ Is student currently under your care? YES NO

Medical/therapeutic equipment needed: _____

Prescribed medications (include dosage): _____

Please check which of the following major life activities is substantially limited by the disability:

- | | | |
|-----------------------------------|------------------------------------|--|
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Lifting | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Bending | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Speaking | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Breathing | <input type="checkbox"/> Working |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Learning | <input type="checkbox"/> Operation of bodily functions |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Reading | |

Other(s): _____

Please describe in detail how the disability/disabilities interfere(s) with any major life activity that would be encountered in a residential environment (please use additional space if needed, attachments are welcome):

Please discuss the status (static or changing) of the student's condition:

If the effect of a disability includes recurring symptoms, please indicate their approximate frequency:

- | | |
|---|--|
| <input type="checkbox"/> Periodic w/ ____ annual reported occurrences | <input type="checkbox"/> ____ times per week |
| <input type="checkbox"/> Seasonal w/ ____ annual reported occurrences | <input type="checkbox"/> Most days |
| <input type="checkbox"/> Every ____ months | <input type="checkbox"/> Daily |
| <input type="checkbox"/> ____ times per month | |

Based on the information provided to you regarding housing assignment and study site options at Bates, please describe and provide your rationale for any modifications you recommend to accommodate the student's disability. Please explain how your recommendation(s) would remove any barriers to access or participation in the residential environment (use additional space as needed):

What are possible alternatives if meeting your primary recommendation(s) is not possible?

Accommodations for this disability are recommended:

___ for the next 3-5 months

___ for the duration of time in college

___ for the next 6-9 months

___ duration unknown

___ for the next year

___ other: _____

Would this student be at greater risk in a fire than a student without a disability? If yes, please explain:

I have attached supporting documentation for this diagnosis YES NO

Health Care Professional's Contact Information

Office Address:

Email: _____

Phone: _____

Signature: _____

Date: _____

My signature confirms that I am or have been this student's treating health care professional and that I am not a relative of the student.