

# SPECIAL HOUSING ACCOMMODATIONS REQUEST PROCESS

## LETTER TO STUDENT

Residential Programs & Services (RPS)

Massachusetts College of Liberal Arts

Dear Student,

If you have a medical or psychological condition that requires special housing accommodations, we require you to participate in a three-step request process.

**Step #1** of the process requires you to write a brief letter describing your condition and the type of housing accommodation you are seeking. (Please note that this letter must be written by the student, not a member of the student's family.)

**Step #2** of the process requires verification of your condition by your physician and/or therapist. Please have your physician and/or therapist complete the form below. (Please note that there is a section at the top of this form that you must complete prior to giving it to your physician and/or therapist.)

**Step #3** of the process requires you to send your letter **and** your completed physician/therapist's form to the RPS office along with your Housing Assignment Preference form. Our mailing address is RPS-MCLA, 375 Church Street, North Adams, MA 01247. Our fax number is: 413-662-5004. Please be sure to send all these materials to the RPS office by the deadline outlined below. **If you will be a new student in the fall of 2011, your deadline for submission of these materials is Wednesday, July 6<sup>th</sup>.** (Deadlines for returning students and summer students are listed below.)

When we receive your materials, your request will be evaluated by the RPS office in conjunction with the appropriate department on campus. For example, if you have a medical condition, your materials will be evaluated in conjunction with the MCLA Health Services office.

If you have any questions regarding this process, please feel free to call the RPS office at 413-662-5249.

Sincerely,

Dianne Manning,  
Director - Residential Programs & Services (RPS)

### **Submission deadlines:**

- **Returning students:** April 20th for the following fall semester  
November 1st for the following spring semester.
- **New students:** July 8th for the fall semester  
January 1st for the spring semester.
- **Summer students:** May 15th for all summer programs & conferences

# SPECIAL HOUSING ACCOMMODATIONS REQUEST PROCESS

## PHYSICIAN/THERAPIST FORM

Residential Programs & Services (RPS)  
Massachusetts College of Liberal Arts

In order to evaluate a student's need(s) for special housing accommodations, the College requires specific diagnostic information from a licensed health care provider or clinical professional. This physician or therapist should be familiar with the history and functional limitations of the student's physical or psychological condition(s).

**The student must complete the section directly below**, giving permission to the physician or therapist to provide information to the College and allowing the appropriate and qualified MCLA staff member permission to discuss the student's condition and/or resulting determination with the physician or therapist filling out this form.

**The physician or therapist must complete and sign the section that follows the student section.** If, for any reason, this form cannot be returned directly to the student for mailing, the physician or therapist may mail the form to: Dianne Manning, RPS-MCLA, 375 Church Street, North Adams, MA 01247; Fax Number: 413-662-5004.

### Student Section: Please Print or Type

Student Name: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Sex: M F Gender: \_\_\_\_\_

Are you a \_\_\_\_\_ new student? \_\_\_\_\_ returning student?

Please provide a brief description of the special housing accommodation you are requesting (e.g. single room):

**I give my physician or therapist permission to provide information pertaining to my medical or psychological need for special housing accommodations. I also authorize my physician or therapist to discuss my condition(s) with the appropriate and qualified MCLA staff member on an "as needed" basis.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Submission deadlines:**

- **Returning students:** April 20 for the following fall semester  
November 1 for the following spring semester.
- **New students:** July 7 for the fall semester  
January 1 for the spring semester.
- **Summer students:** May 1 for all summer programs & conferences

## Physician/Therapist Section: Please Print or Type

***The provider filling out this form cannot be a relative of the student. Please do not submit a prescription form or note in lieu of filling out this form.***

To determine eligibility for special housing accommodations, MCLA requires current and comprehensive documentation of the student's condition from a licensed health care provider or clinical professional who is familiar with the history and resulting functional limitations of the student's condition(s). All items must be completed in full. If the space provided is not adequate, please continue on the back of the page. The physician or therapist may also attach a report providing additional related information.

**Student's Name:** \_\_\_\_\_

1. How long have you known this patient? \_\_\_\_\_

2. State the symptoms and actual condition/diagnosis and explain in lay terms the medical/psychological rationale for the student's special housing accommodations request:

a. How long has the patient had this condition? \_\_\_\_\_

b. What is the severity of the condition? \_\_\_\_\_

c. In the last year, how many times have you treated this student for this condition?

\_\_\_\_\_

d. How long is this condition likely to persist? \_\_\_\_\_

3. Have you seen this patient for any other related conditions pertinent to this request? If yes, how recently and what was the treatment?

4. List all medications, including OTC and non-medication treatment, that the student is currently using to manage this condition. Include dosage, frequency and adverse side effects.

- a. Are there any significant limitations to the student's functioning directly related to the prescribed medications?     \_\_\_No     \_\_\_Yes

If yes, please describe:

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

6. What factor(s) improve and/or exacerbate this condition?

7. How frequently is the student affected by this condition?  
\_\_\_ Daily    \_\_\_ Weekly    \_\_\_ Monthly    \_\_\_ Seasonally

8. For asthma patients: Has the patient ever required prednisone to manage the disease? If so, when was the last time?

9. For allergy patients: Has the patient been skin tested by an allergy specialist? If so, what were the results?

10. If the requested accommodation is not possible, are there alternative accommodations that can address the stated needs?     \_\_\_ No     \_\_\_Yes

If yes, please describe:

**The information provided above is true and accurate.**

Physician/Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician/Therapist's Name and Title: \_\_\_\_\_

License #: \_\_\_\_\_ State: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_