

## Housing Accommodation Medical Provider Form

Miami University provides reasonable accommodations for students with disabilities in accordance with federal disability law. A disability is a physical or mental impairment that substantially limits one or more major life activities. In some instances, students may need housing accommodations due to disability related needs.

Miami is committed to providing a residential living experience that supports student success in academic and co-curricular interests. The university provides a wide variety of residential living options. We also coordinate individualized housing accommodations for eligible students.

The following factors are examined when determining housing accommodations: Severity of the condition, timing of the request, feasibility and availability of space. Final determinations are made by committee.

Examples of committee considerations include:

- Is the request an integral part of the treatment plan for the condition in question?
- Are there other effective means that would achieve similar benefits as the requested accommodation?
- Is the impact of the condition life-threatening if the request is not met?
- Is space available to meet the student's need?

A diagnosis or medical provider recommendation alone does not guarantee the request will be approved. The committee considers the nature of the condition's symptoms and all available accommodations and supports when making final decisions and recommendations.

Students with disabilities who have individualized housing needs must submit a formal request for housing accommodation. Requests must also include medical provider verification. Please complete this form to provide information and recommendations about your patient's need for a housing accommodation.

***This form must be returned to the student for them to upload with their online request form.***

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Student's Full Name: \_\_\_\_\_ Date of Last Contact: \_\_\_\_\_

Please list the student's diagnosed condition(s) and current symptoms:

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In this section please complete the following steps:

1. Select the housing accommodation(s) necessary for the student to manage their symptoms.  
(Check all that apply)
2. If multiple accommodations are selected, rank order their priority based on the student's current functioning.
3. Provide a detailed description of how the accommodation is an integral part of the student's current treatment plan.

Accommodation Request	Rank Order	Please provide a detailed description of how the accommodation is an integral part of the student's treatment plan.
<input type="checkbox"/> Single Room		
<input type="checkbox"/> Housing w/ Semi-Private Kitchen Access		
<input type="checkbox"/> Central Air Conditioning		
<input type="checkbox"/> Private Bath		
<input type="checkbox"/> Single Use Bathroom		
<input type="checkbox"/> Extra Refrigerator		
<input type="checkbox"/> Wheelchair Access		
<input type="checkbox"/> Deaf and Hard of Hearing Emergency Alerts (e.g. visual fire alarms, bed shakers)		
<input type="checkbox"/> No Carpet		
<input type="checkbox"/> Other (Please Describe):		

Please provide any additional information pertinent to the student's request for a housing accommodation:

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CERTIFYING PROFESSIONAL

Name & Title:\_\_\_\_\_

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

Daytime Phone number:\_\_\_\_\_

Fax number:\_\_\_\_\_

Type of specialty or license:\_\_\_\_\_

\_\_\_\_\_  
Signature of Certifying Professional

\_\_\_\_\_  
License #/State

\_\_\_\_\_  
Date

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