



## ACCOMMODATIONS REQUEST PACKET

### For Housing and Dietary Needs

The University of Redlands is a residential campus; every effort will be made to make reasonable accommodations for students with disabilities who need housing & dietary adjustments to live on campus. This process exists for students with disabilities demonstrating the need for a housing or dietary accommodation. Student *preferences* can be expressed through the regular housing request process.

#### **Housing Accommodations**

The University of Redlands requires enrolled students to live on campus. To support the mission of a residential liberal arts institution, reasonable accommodations are granted to accommodate the on-campus housing needs of students with documented disabilities. Therefore, it is imperative that your medical or mental health professional identities specific requested accommodations that are necessary to address your disability/disabilities in an on-campus housing environment.

A committee of physical and mental health care professionals, along with higher education faculty and professionals, comprise the Accommodation Committee charged to review every request packet for on-campus accommodations. The accommodations process is not intended as a means by which students seek permission to live off campus. If you are seeking to live off campus, please refer to the information Residence Life & Housing (RLH) provides:

<https://www.redlands.edu/student-affairs/residence-life-housing/returning-students/housing-selection-and-placement/off-campus-petition-process/>.

#### **Dietary Accommodations**

Undergraduate students residing on campus are required to have a meal plan. If you are seeking a dietary accommodation, your request will not be reviewed or considered until Academic Success and Accessibility (ASA) receives an email confirming the student has met with Harvest Table Culinary Group's (HTCG) Health and Wellness Manager, Colin Nye, who will determine if HTCG can accommodate the applicant's dietary needs. Colin can be reached at [Colin\\_Nye@redlands.edu](mailto:Colin_Nye@redlands.edu) and he will email ASA following his consultation. You are encouraged to remind Colin to copy you on his email to ASA, and to follow up with him directly if you do not receive it. Details about specific foods that cannot be consumed, or about dietary regimens, is most helpful for purposes of the conversation and evaluation.

#### **Process**

1. Submit current documentation of a qualifying disability from a licensed health care provider.
2. Student completes the relevant part of the Accommodations Request Questionnaire and Authorization for Release of Confidential Health Information.
3. Licensed and qualified health care provider completes the relevant pages of the Accommodations Request Questionnaire.
4. Student prepares a personal statement as to the reason or reasons for the accommodations request. Please provide as much detail as possible in this statement. If you are working with the Office of Equity and Title IX, please reach out to that office for support with the personal statement.
5. Turn in the completed items from 1 through 4 above to Academic Success and Accessibility by the appropriate Housing Selection deadline. Information about the housing selection process, including deadlines, can be found at <https://www.redlands.edu/student-affairs/residence-life-housing/returning-students/important-dates/>. You also can contact Residence Life & Housing at [rlh@redlands.edu](mailto:rlh@redlands.edu). The required material may be submitted in person, by email, or by fax to:

**Academic Success and Accessibility, Student Development Center, [ASA@redlands.edu](mailto:ASA@redlands.edu), (909) 335-5296**

6. The Accommodations Committee generally meets the last Friday of every month (August - May) to consider the request and contacts the student with a decision via email.

## Policy and Guidelines for Housing and Dietary Accommodations for Students and Applicants with Medical and/or Psychological Disabilities

### I. General Policy

The University of Redlands is committed to full compliance with the Americans with Disabilities Act (ADA), the Rehabilitation Act of 1973, and other applicable federal or state laws and amendments that provide students with disabilities the right to pursue their education free from unlawful discrimination. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

### II. Policy and Procedures

The University of Redlands is a **residential** campus. Reasonable accommodations will be made to adjust the University's housing and dietary policies when necessary to permit students with disabilities to experience the educational benefits of residential campus life. Examples of accommodations may include a quiet residence hall, a ground floor room, a single room, an individualized meeting with a representative of Harvest Table Culinary Group (HTCG), etc. Current documentation of a disability or disabilities and the support for an accommodation is required from a licensed and appropriately credentialed professional. Recommendations within the documentation will be considered when determining accommodations based on functional limitations that may impact the student in an on-campus housing and/or dining setting. These recommendations from an outside professional can be useful and are welcome, but they are not binding, and the University of Redlands has the sole decision-making authority for housing accommodation requests.

Housing room rates do not change because accommodations are requested and/or granted.

- Documentation is kept electronically in Academic Success and Accessibility and will be shared only with the Accommodations Committee when considering each request. Documentation must be submitted for review well ahead of the deadlines provided by Residence Life & Housing, and keeping in mind the Accommodations Committee meets monthly - <https://www.redlands.edu/student-affairs/residence-life-housing/important-dates-and-announcements/>.

### III. Guidelines for Policy Implementation and Procedures

A student requesting housing and/or dietary accommodations can complete the Accommodations Request Packet.

The packet includes:

- Authorization for Release of Confidential Health Information
- Accommodation Request Questionnaire (completed by professional and student)
- Policy & Guidelines for Housing & Dietary Accommodations

The student needs to complete the Authorization for Release of Confidential Health Information and the student information portion of the Accommodation Request Questionnaire. **Both** forms should be given to the licensed and qualified health professional who can provide complete and current medical information to assist the Accommodations Committee during the review process. The provider may be asked to provide additional information.

**Physical Disabilities:** A student with a physical disability must provide current documentation of a disability/disabilities certified by a licensed physician, audiologist, speech pathologist, physical therapist, rehabilitation counselor, or other professional health care provider who is qualified in the diagnosis of the disability/disabilities. The verification must reflect the student's present level of functioning in the affected major life activity. Students with specific medical diagnoses that require dietary accommodations are required to meet or speak with a representative of Harvest Table Culinary Group to determine if those dietary needs can be met through the dining program on campus. A summary of that meeting will be provided by the representative of Harvest Table, which the Accommodations Committee will take into consideration when making a final decision.

**Psychological Disabilities:** A student with a psychological disability must provide current documentation of a disability/disabilities, certified by a licensed mental health professional who is qualified in the diagnosis of the disability/disabilities. The verification must reflect the student's current level of functioning and the degree of impact of the diagnosed disorder/disorders on a specific major life activity or activities. The mental health professional may also provide additional related evaluative results (e.g., psycho-educational evaluation, neuro-psychological test results, etc.), if applicable.

Students who already have psycho-educational testing on file and are interested in requesting housing accommodations do need to complete the Accommodations Request Packet, as this is separate from the process of determining academic accommodations.

The Accommodations Committee will review all requests for housing and dietary accommodations and will give full and consistent consideration to each request. The committee members are: Senior Associate Dean of Student Affairs, Director of Academic Success and Accessibility, Director of the Health Center, Director of the Counseling Center, and a College of Arts & Sciences faculty member. As mentioned above, the representative of Harvest Table Culinary Group will serve in a consultative role by meeting with all students with special dietary needs. All information reviewed by the Accommodations Committee is kept strictly confidential, except in cases of appeal when all relevant information will be forwarded to the University Dean of Student Affairs or designee.

Students do not meet with the Accommodations Committee virtually or in person and will be notified of the decision via email.

Temporary impairments (6 months or less) are not commonly regarded as disabilities, and only in rare circumstances will the degree of limitation rendered by a temporary impairment be substantial enough to qualify as a disability pursuant to this policy.

#### IV. Appeal Process

If a student decides to appeal, within ten (10) business days from written notification of the decision rendered by the Accommodations Committee, the student must submit this appeal to the University Dean of Student Affairs or designee so that the following may be determined:

- 1) A procedural or substantive error occurred that significantly impacted the outcome of the Accommodated Housing Request (e.g. substantiated bias, material deviation from established procedures, etc.). A summary of the perceived error, and its impact, must be included in a written appeal request.
- 2) Whether the decision was supported by the available information and by the appropriate medical and mental health professional, and whether the information presented was sufficient to establish a functional limitation pertaining to the housing or dietary accommodations requested.
- 3) Whether the requested accommodations can be reasonably met in the residence halls or by Harvest Table Culinary Group.
- 4) If new and relevant information can be considered, which was not included in the original Accommodated Housing Request, and that could substantially impact the original decision. This information may have reasonably been unavailable at the time the request was submitted. A summary of this new information and its potential impact must be included in a written appeal request.

The appeal can be submitted in writing or by email, to the University Dean of Student Affairs, or designee. In your appeal, you must state the cause and details for your appeal. The University Dean of Student Affairs, or designee, will review the appeal, will decide upon the appropriate action, and make a decision. The Accommodation Committee's decision will be upheld unless the University Dean of Student Affairs, or designee determines that an error was made of a material injustice would occur. The University Dean of Student Affairs, or designee, will send written notice of the decision within ten (10) business days from the date the appeal was submitted. The decision of the University Dean of Student Affairs, or designee is final.

## Authorization for Release of Confidential Health Information

Please release my records from the following:

\_\_\_\_\_  
Health Provider or Agency Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Fax

Please release the **University of Redlands Accommodation Request Questionnaire** and available **Psychological/ Medical Information** to:

University of Redlands  
Accommodations Committee  
c/o Academic Success and Accessibility  
1200 E. Colton Ave., Redlands, CA 92373  
Telephone: (909) 748-8069; Fax: (909) 335-5296;  
Email: ASA@redlands.edu

Information to be disclosed/exchanged **at a later date (if requested)** includes:

Progress Notes, Laboratory Reports, Radiology Reports, Psychological Reports, and other (please specify) \_\_\_\_\_  
(Cross out any information you are unwilling to have reviewed by University of Redlands Accommodations Committee.)

Records released are authorized for the following purpose: \_\_\_\_\_

I understand authorizing the disclosure of the information identified is voluntary. I understand I have the right to revoke this authorization at any time. I understand if I revoke this authorization I must do so in writing and present my written revocation to the University of Redlands Academic Success and Disability Services office. I understand the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date: \_\_\_\_\_. If I fail to specify an expiration date, this authorization will expire one year from the date of signature on the Accommodations Request Questionnaire.

I understand I may inspect or obtain a copy of the information to be used or disclosed, as provided in CFR 164.524. If I have questions about disclosure of my health information, I can contact the office of Academic Success and Accessibility.

Patient Name:

Last

First

M.I.

Student ID: \_\_\_\_\_

Preferred Phone Number:

Date of Birth: \_\_\_\_\_

\_\_\_\_\_  
Signature of Patient or Legal Representative

\_\_\_\_\_  
Date/Time

\_\_\_\_\_  
Relationship to Patient (if signed by Legal Representative)

\_\_\_\_\_  
Witness

Patient is unable to sign because: \_\_\_\_\_

## Accommodations Request Questionnaire For Housing and Dietary Needs

### Student Information (Please Print Legibly or Type)

This section to be completed by the *student*.

Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student ID: \_\_\_\_\_

Status (check one):    current student                      transfer student    incoming first year

Class Year by Units (e.g., Junior) \_\_\_\_\_

Campus Mailbox Number \_\_\_\_\_

Mailing address (street, city, state, and zip code): \_\_\_\_\_

Home phone:    (       )       -       \_\_\_\_\_

Cell Phone:    (       )       -       \_\_\_\_\_

Preferred email address: \_\_\_\_\_

What specific accommodation are you seeking?

\_\_\_\_\_

Please sign below to indicate you have reviewed and understand the *University of Redlands Policy and Guidelines for Housing and Dietary Accommodations*, <https://www.redlands.edu/study/schools-and-centers/college-of-arts-and-sciences/asds/accessibility/housing--dietary-accommodations/>

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

### Diagnostic Information (Please Print Legibly or Type)

This section to be completed by a *licensed and qualified health professional*.

The person named above is a student at the University of Redlands and is requesting housing and/or dietary accommodations for disability-related reasons. Please supply the following information regarding any relevant condition(s) to aid the University in providing the best accommodations.

The University is committed to accommodating housing & dietary needs on campus for students with medical and/or psychological disabilities.

1. Is the student/patient currently under your care? Yes No

If yes, duration of care: \_

Date of most recent contact: \_

2. What is the diagnosis(s) and date of diagnosis(s)?

*PLEASE WRITE OUT THE DIAGNOSIS RATHER THAN THE INSURANCE BILLING CODE*

1. Dx: \_\_\_\_\_ Date of dx: \_

Duration of dx:  continuous  intermittent  cyclical  short term  other (explain):

2. Dx: \_\_\_\_\_ Date of dx: \_

Duration of dx:  continuous  intermittent  cyclical  short term  other (explain):

3. Dx: \_\_\_\_\_ Date of dx: \_\_\_\_\_

Duration of dx:  continuous  intermittent  cyclical  short term  other (explain):

4. Dx: \_\_\_\_\_ Date of dx: \_\_\_\_\_

Duration of dx:  continuous  intermittent  cyclical  short term  other  
(explain):

3. Did you make the above-referenced diagnosis?

If no, how are you aware of the diagnosis?

I have reviewed the original medical documentation

The student/patient (or a parent) reported it to me

Other (please describe)

4. What date did the condition rise to the level of current impairment and/or severity?

5. List current medication(s).

6. Please describe any specific limitations created by the medical/psychological condition(s) and/or treatment(s) as related to on-campus housing and/or dining

7. Describe any unique housing and/or dining circumstances created by the medical/psychological condition(s) and/or treatment(s)

8.

<b>Medical Condition/Diagnosis</b>	<b>Recommended Supports</b>	<b>Rationale</b>

9. **Are there any situations or environmental conditions that might lead to an exacerbation of the condition(s)?**

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10. **What medical/psychological treatment plan including medications, education, and/or equipment could be implemented to alleviate or minimize the adverse consequences of the condition(s)?**

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\_\_\_\_\_  
**Signature of professional providing assessment**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed name of professional providing assessment**

\_\_\_\_\_  
**Medical/Professional License #**

\_\_\_\_\_  
**Phone number**

\_\_\_\_\_  
**Fax number**

\_\_\_\_\_  
**Health Provider Specialty**

**Office Stamp required.**