



Student's Full Name

____/____/____
Date of Birth

Disability Documentation Form for Housing Accommodations:

The following questionnaire must be filled out by a qualified medical or psychological provider with expertise in the area of concern and returned directly to Student Accessibility Services.

NOTE: Incomplete documentation will result in the necessity of further communication with the medical or mental health provider.

Requests for housing accommodations require documentation of a disabling condition and substantiated limitations in function or performance. The disabling condition must significantly restrict the student's access to our standard campus housing environment unless reasonable accommodations are provided. Approval of requests is determined on a case-by-case basis. Please ensure all questions are answered and with as much detail as possible.

1. Presenting diagnosis of individual's medical or psychological condition (please indicate primary, secondary, etc. and significant findings specifically relevant to the presenting problems):

2. Diagnostic code(s) (ICD 10 or DSM V):

Date of Diagnosis: _____ Date of last visit: _____

3. Is the condition temporary or permanent? If temporary, please indicate longevity:

4. Please describe the current course of treatment including any medication and potential side effects. Is the housing request an integral component of a treatment plan for the condition in question? Please explain.

5. Please discuss the current, substantial disability-based limitations and how they relate to the residential hall environment.

6. Please circle Level of Severity: (Mild) 1 2 3 4 5 6 7 8 9 10 (Severe)

7. What specific accommodation(s) does the student require in relation to campus housing and why is such accommodation(s) warranted based on their disability?

8. **Medical Single:** *If student is asking for a medical single please answer this question. In some cases the severity of the condition may warrant prioritization for a single room, but not rise to the level of a "Medical Single". The term Medical Single applies to cases where the student would be unable to participate in Campus Housing if they did not receive approval for a single room.*

Does the student's condition rise to level where they would be incapable of residing on campus without a "Medical Single"? Yes ____ No ____

If yes what **medical evidence or symptomology supports this determination?**

Print: Name, Title, and Credentials: _____

License Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Signature: _____ **Date** _____

Please return this form to:

Student Accessibility Services
Center for Accessibility & Volunteer Engagement
139 Rangeley Road
Orono, ME 04469-5779
207.581.2319
Maine Relay: 711
Fax: 207.581.9420
email: um.sas@maine.edu

Note: To request a meal plan modification/exemption, students should contact Dining Services at um.dining@maine.edu