Disability Documentation Form for Accommodations/ Modifications in UM Housing

The following questionnaire must be filled out by a qualified medical or psychological provider with expertise in the area of concern. Physical Therapist and Massage Therapist are examples of what would not be considered acceptable for the purposes of this documentation.

NOTE: Incomplete documentation will result in the necessity of further communication with the medical 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 answer these questions with as much detail as possible.

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

II) Diagnostic code(s) (ICD 10 or DSM V):
________________________________________________________________________________

Level of Severity (Please circle): Mild Moderate Severe

Date of Diagnosis: _____________________ Date of last visit: _____________________

III) Is the condition temporary or permanent? If temporary, please indicate longevity:
________________________________________________________________________________

IV) Has medication been prescribed, and if so, does the condition continue to affect the student’s functioning in the same way?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
V) Please list any current functional issues (supported by evidence) and impact on activities of daily living in residence halls.

________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

VI) Please state specific recommendations regarding the accommodation(s) the student requires in relation to campus housing and why such accommodation is warranted based on their disability?

________________________________________________________________________________
________________________________________________________________________________

VII) Medical Single: Frequently students request a single room because of a medical condition. The Documentation of Need and the severity of the condition may warrant prioritization for a single room, but do 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 he/she 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:
University of Maine, Disability Support Services
121 East Annex
Orono, ME 04469.5757
207.581.2319
Fax: 207.581.9420
e-mail: shenry@maine.edu

Note: To request a meal plan modification/exemption, students should contact the Director of Culinary Services or Dining Services Registered Dietitian, 207-581-4712.