Disability Documentation Form for Accommodation:

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 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) 1 2 3 4 5 6 7 8 9 10 (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 discuss the current, substantial disability-based limitations and how they relate to the residential hall environment.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

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 rises 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, Student Accessibility Services
121 East Annex
Orono, ME 04469-5757
207.581.2319
Fax: 207.581.9420
email: um.sas@maine.edu or shenry@maine.edu or amy.m.sturgeon@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.