



\_\_\_\_\_  
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?

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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 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?**

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**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](mailto:um.sas@maine.edu) or [shenry@maine.edu](mailto:shenry@maine.edu) or [amy.m.sturgeon@maine.edu](mailto: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.*