



Office of Residence Life
Special Housing Request Form

Returning Students

The following guidelines have been established to accommodate students with disabilities, who have special needs, or individuals with health concerns that may impact their residential housing experience.

Policy Statement:

All requests must be submitted to the Office of Residence Life along with the supporting documentation. Special housing requests for students with documented disabilities will be assessed on a case-by-case basis. Documentation of a disability **does not** guarantee that an application will be approved.

General Guidelines:

Generally, students with the most severe needs will be given first priority in securing special housing if their need/disability significantly impacts their ability to perform activities of daily living. Learning Disabilities, Attention Deficit Disorder, and most Psychological Disorders generally **do not** warrant special housing.

Procedure:

1. Complete the bottom section of this page and the attached form. Submit the completed forms **with supporting documentation** of disability to the Office of Residence Life by **March 13, 2009**.
2. Students will be notified about the status of their request via email by **April 3, 2009**.
3. All rooms not assigned during this process will be available in the housing lottery.
4. **Students need to re-apply each year and submit updated supporting documentation as necessary and/or requested.**

Questions or concerns may be directed to Kevin Feil, Director
Office of Residence Life
(717) 815-1281.

Please Complete the Information Below and Submit this Form to the Office of Residence Life.

Name: _____ **Student ID Number:** _____

Campus Address: _____ **Cell Phone:** _____

Accommodation requested: _____

Briefly describe your request and how your disability/health concern warrants the accommodation requested: _____

I understand that I must provide supporting documentation to the Office of Residence Life in order for request to be considered. This includes a statement of need from the appropriate diagnostician to the appropriate office to support my request (see attached form).

Signature: _____

Date: _____



Diagnostician Form
(Due March 13, 2009)

Student Name: _____

In order to initiate the **Special Housing Request** process, you must submit the following **Special Housing Request Form** to the Diagnostician who performed your original evaluation (if available) or a comparable source. The Diagnostician must be an impartial individual who is not a family member nor in a dual relationship with the student.

Diagnostician Name: _____ **Phone Number:** _____

Diagnostician Signature: _____ **Date:** _____

Professional License Number: _____ **Email:** _____

Please provide the following information regarding the above named student's request for special housing accommodations at York College of PA. The Documentation Report should be **written on letterhead and forwarded with this Form** to the Office of Residence Life listed below.

- A diagnostic statement including the dates of the most recent evaluation
- The current impact of (or limitations imposed by) the condition
- Treatments, medications, devices or services currently prescribed or used to minimize the impact of the condition
- A clear description of the recommended housing request
- The expected duration, stability or progression of the condition
- A clear connection between the recommended housing request and the impact of the condition
- A statement of the level of need for (or consequences of not receiving) the request.

Kevin Feil, Director
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