



Housing Accommodation Provider Form

Student Name:

Date:

Directions:

1. Your patient/client has requested housing accommodations through the Office of Disability Services at Westmont College. In order to provide reasonable accommodations, we require documentation of the specific functional limitations that result from the individual's disability. General statements about the disability will not help determine appropriate accommodations. Understanding the functional limitations of the disability allows us to understand the degree to which the disability substantially interferes with one or more major life activities for the student.
2. This provider form needs to be completed and submitted by the student's mental health or medical provider for approval of a housing or meal plan accommodation request. As an alternative, the provider may write a letter or report that contains the same requested information with the provider's letterhead.

Interactive Accommodation Process:

The legal definition of disability includes two elements: (1) a physical or mental impairment that (2) substantially limits one or more major life activities of the patient/client requesting. Major life activities include but are not limited to: walking, breathing, seeing, hearing, performing manual tasks, caring for one's self, learning, bodily systems such as immune function, and working. Thus, a disability has both a diagnostic and a functional element, and **BOTH elements need to be documented for effective accommodation determination.**

I. Diagnosis

Diagnosis and Diagnostic code (ICD-10 or DSM-V):

Severity level (indicate for each diagnosis, if more than one):

Date of diagnosis:

Date first seen:

Date last seen:

Number of visits:

Please summarize relevant history and/or clinical observations (i.e., how is student substantially limited by this diagnosis):

II. Treatment

What is the client's current treatment, if any (medication, counseling, etc.)?

If applicable, list side effects of medication:

III. Information about Proposed Housing, Parking or Meal Plan Accommodation

What accommodation(s) do you believe are necessary for the student as a result of a disability (mark all that apply)?

- | | |
|---|--|
| <input type="checkbox"/> Single Room | <input type="checkbox"/> Off campus housing |
| <input type="checkbox"/> Double Room | <input type="checkbox"/> Parking Permit (limited availability) |
| <input type="checkbox"/> Kitchen access | <input type="checkbox"/> Other - provide specific information below: _____ |
| <input type="checkbox"/> ADA-equipped room | _____ |
| <input type="checkbox"/> Meal Plan Modification | |

What symptoms will be reduced by the student having the housing or meal plan accommodation?

Please supply any other information that should be considered in determining this student's request to have a meal plan, housing, or other accommodation:

Provider Name and title (printed): _____

Business/Organization: _____

License number: _____

Signature: _____ Date: _____

Telephone: _____ E-mail: _____

Address: _____

If further communication is needed in regards to this student, what is the best way to contact you?

Please send this completed form by mail, email, or fax to:

Sheri Noble/Office of Disability Services
955 La Paz Rd., Santa Barbara, CA. 93108
ods@westmont.edu FAX: 805-565-7244