



WESTMONT

Office of Disability Services
Provider Housing Documentation Addendum

Student name: _____ Date: _____

Provider name (please print): _____

Contact information: _____

Dear Provider,

Thank you for answering these additional questions along with the completion of the regular disability documentation information. This information greatly assists us. If you are unable to answer these questions, please return sheet to ODS or email us stating you are not recommending a housing accommodation for this student at this time.

If you are recommending a housing accommodation due to a disability, please complete the following questions in detail:

1. What symptoms will be reduced for this individual by having this accommodation?

2. Is there evidence that the above accommodation has helped this individual in the past or currently?

3. In your professional opinion, how important is it for the individual's well-being to be placed in in this housing?

4. Do you believe this accommodation is medically necessary for your patient/client?

Provider Signature: _____ Date: _____

License Number: _____ State: _____

Please return to the Office of Disability Services, Westmont College

ods@westmont.edu

FAX: 805-565-7244