



# WESTMONT

## Office of Disability Services Housing Accommodation - Provider Addendum

(Please print)

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Provider name: \_\_\_\_\_ Phone: \_\_\_\_\_

I, \_\_\_\_\_ give permission for \_\_\_\_\_ to answer the following questions (below) and return to Sheri Noble at the Office of Disability Services (ODS).

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: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Lic.# \_\_\_\_\_

**Please return to the Office of Disability Services, Westmont College**

**[ods@westmont.edu](mailto:ods@westmont.edu)**

**FAX: 805-565-7244**