



## **Medical Housing Accommodations Application Instructions**

### **Application Deadlines:**

A completed Manhattanville College Medical Housing Application must be submitted to the by:

***March 15<sup>th</sup> (for the following fall semester)***

***November 15<sup>th</sup> (for the following spring semester)***

***Incoming students must complete and submit the application by June 30<sup>th</sup>.***

Applications that are received after the stated deadlines will not be reviewed unless the condition was diagnosed after the deadline had passed, in which case applications are reviewed on a case-by-case basis. Please note that if the application is not received the above stated deadline, the likelihood that a single occupancy room will be available decreases significantly. Late requests will not be considered until after the housing assignment process is complete.

By submitting this application, you are allowing a committee comprised of Manhattanville staff from the Student Health and Counseling, Center for Student Accommodations, Office of Residence Life, and Administration review the information you have provided. Your application, after it has been reviewed, will be stored in our electronic medical record system and will not be shared without your written consent. A submitted request typically takes 1-2 weeks for review.

### **Please read the following information carefully:**

Manhattanville College provides housing accommodations in accordance with the Americans with Disabilities Act (ADA) of 1990, Section 504 of the Rehabilitation Act of 1978, and the Fair Housing Act to ensure equal access to programs, activities, and facilities. While ADA requires that student requests are considered, it does not imply that a particular accommodation must be granted if it is not deemed reasonable, or if other appropriate options are available.

Only students with documented disabilities are eligible for consideration for housing accommodations. The ADA defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. **Students wishing to apply for medical housing accommodation(s) must be registered with the Center for Student Accommodations (CSA).** An intake interview must be conducted prior to submitting your housing accommodations application; the committee will not review your application until you have completed the interactive intake process with CSA.

Manhattanville College believes that shared living space is an integral part of the psychosocial development of our students. Valuable skills are learned through this experience that can be useful throughout life. These skills include conflict resolution, adaptability, respect, compromise, and learning about students from diverse backgrounds. **Requests for special housing accommodations based on a student's preference or desire for "privacy" and "quiet space" will not be approved.** By virtue of the shared facilities, resources, and number of people living under one roof, it is not reasonable to assume that a single room would provide for privacy and/or a quiet, distraction-free space to any appreciable degree beyond living in a shared dwelling. Additionally, we are unable to provide a dust, mold, or allergen-free housing accommodation.

**The number of single rooms is limited and medical singles are only granted in cases where the student would be unable to participate in campus housing if they did not receive approval for a single occupancy dwelling.** *Students approved for a single occupancy dwelling may be assigned to a room that meets their medical needs in any of our four residence halls.* **Residential graduate students are only housed in graduate**

student housing and any application requesting housing in the undergraduate residence halls will be denied. In cases that the appropriate medical accommodation might not be a single occupancy dwelling, a student may be assigned to a shared dwelling with other accommodations that would suit the student's medical needs.

This application must be completed by a qualified, licensed medical practitioner, and approval is dependent upon the nature and the severity of the disability. The diagnostician completing this application must be an impartial individual who is not socially acquainted (family, friend, etc.) with the student. The provider must be licensed to practice in the field related to the reason for the request (i.e.: medical needs can only be recommended by a physician and/or medical specialist and psychological needs can only be recommended by a licensed mental health professional). The application must clearly explain, in detail, the *medical need* for placement in a single room versus a double room with a qualified roommate, or other requested accommodations.

### **Determination of Eligibility:**

Medical Housing Applications will be evaluated by a committee comprised of members of the College's professional staff. Each application is provided individualized consideration.

Students must submit the attached '*authorization for release of information*' form which will permit the application information to be reviewed and discussed by the aforementioned committee members.

**Submission of a Medical Housing Application, supporting documentation, and a diagnosis from a physician/licensed mental health professional does not guarantee approval of requested accommodations.**

Committee decisions on Medical Housing Applications will be based solely on the information provided in the application by the medical provider. The College will not conduct outreach to medical/psychological offices for any further information or clarification on the student's condition.

The following documents are **not** considered acceptable applications for medical accommodations:

- Handwritten patient records or notes from patient's chart
- Diagnoses on a prescription pad
- An application completed by a provider who is a family member, or with whom the student is socially acquainted
- Materials submitted by an advocate, advocacy group or other support person who are not medical professionals
- Self-evaluation
- Research articles
- Incomplete applications
- Any documentation that fails to substantiate the medical need for a single occupancy dwelling

Failure to register for a full-time course load (12 or more credits) will result in the loss of housing, unless approved as a disability accommodation by the Center for Student Accommodations.

Failure to meet payment deadlines as indicated on billing statements from the Office of Student Accounts will result in loss of housing.

Medical Housing Application decisions will be emailed to the student at their Manhattanville College email address. All decisions made by the review committee are final; there is no appeal of committee decisions. A student who receives a denial may resubmit the application only if additional supporting documentation is attached. The resubmitted application will be reviewed at the next scheduled review.

### **Annual Resubmissions:**

If the condition for which the accommodation has been approved has potential to improve over time, the student will need to resubmit the application each year. Any student diagnosed with a chronic condition will obtain special approval (specified in the approval letter) and will not have to resubmit the application each year in order to show documentation of continued need.



# Manhattanville COLLEGE

## **Medical Housing Accommodations Application**

**Important: Please make sure to submit this page with your application materials**

Student's Name:

Student's Cell phone:

Student's Email:

### **Please identify the accommodation for which you are applying:**

*Air Conditioner* \_\_\_\_\_ (complete only questions 1-4)

*Medical Single Dwelling* \_\_\_\_\_ (complete entire application)

*Emotional Support Animal* \_\_\_\_\_ (complete entire application; if approved, *the animal MUST be registered every year as an ESA with the Center for Student Accommodations*)

### **Student Acknowledgement and Signature**

- **A medical housing assignment is non-negotiable. By signing this form, I uphold that I have reviewed the above listed information and that the information is accurate to the best of my knowledge.**
- **I understand this information will be reviewed and placed in my record.**
- **Should my application be approved, I understand and agree to the terms set forth, and am willing to live in any residence that meets my disability related needs.**

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Student Applicant

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Date

All of the following questions must be answered clearly and with supporting details by a physician/licensed mental health professional (dependent upon the student's condition). **Answers must be typed, numbered, and submitted along with the student's signed 'authorization for release of information' form with diagnostician credentials.**

Completed Medical Housing Applications must be submitted to the following address or fax:  
Office of Residence Life  
Manhattanville College  
2900 Purchase Street  
Purchase, NY 10577  
Fax: 914.323.5222

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1. Please document the specific housing accommodation request as related to the medical or psychological circumstances that require medical housing accommodations.
  - a. Your response must include the date of diagnosis and accompanying ICD-10 codes.
  - b. How long has this student been your patient? Your response must include all dates seen and frequency of future appointments.
2. Please provide the following information about the student's diagnosis:
  - a) What is the nature and severity of the diagnosis?
  - b) Please specify if this condition is permanent, temporary, or cyclical.
  - c) How does this diagnosis make it impossible for the student to reside without the requested accommodation?
3. How does the student's condition substantially impact one or more major life functions? (provide examples).
4. Please document the severity of the condition with specific examples:
  - a) Is the impact of the condition life threatening if this request is not met?
  - b) Is there a negative health impact that may be permanent if the request is not met?
  - c) Is the request an integral component of a treatment plan for the condition in question?
  - d) What is the likely impact on academic performance if the request is not met?
5. Please specify if the student's disability is managed by medications, other treatments, adaptive equipment, or external prosthetics? If so, please provide details (i.e. type of medication/treatment/equipment and when it was first started/implemented/prescribed).
6. Are there other interventions that have been tried? If so, please provide intervention and outcome.
7. Considering that we cannot guarantee a quiet, distraction-free living environment, if this student were not to receive the requested medical housing accommodation, would they be able to reside on campus? (if no, provide specific reasons why not, as well as any other possible accommodations that might help the student).
8. Please indicate how the student will manage their symptoms in other campus settings.
9. How would the requested accommodation mitigate the student's symptoms? (provide evidence that it is an integral component of the student's treatment).
10. Please assess if the student is at risk in the event of an emergency evacuation (i.e. fire). (Answers to this question may be shared with Campus Safety as well as with local first responders as necessary).



## Authorization for Release of Information

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Student ID#: \_\_\_\_\_ Email: \_\_\_\_\_@student.mville.edu

I hereby authorize Manhattanville College and its designees to receive information from the below listed physician/medical specialist/licensed mental health professional regarding any information contained within my completed Medical Housing Application.

I understand that I need to complete and present this form to my physician/licensed mental health professional in order for my Medical Housing Application to be submitted and reviewed.

I understand that the information released from my records is confidential and that I have the right to cancel this permission at any point before the information is released.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attestation to be completed by physician/medical specialist/licensed mental health professional**

Diagnostician Name: \_\_\_\_\_

Diagnostician Signature: \_\_\_\_\_

Diagnostician Title: \_\_\_\_\_

Diagnostician License Number: \_\_\_\_\_

Office Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_