Medical Housing Application

Many offices on campus work collaboratively with the Office of Residence Life to evaluate and determine who meets the qualifications to receive a medical single in our residential facilities.

By federal law, such accommodation is required when a physical or emotional condition limits one or more major life activity including, but not limited to, self-care, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, and learning.

The condition for which such a request is being made must be documented by a qualified, licensed medical practitioner, is evaluated, and is dependent upon the nature and the severity of the disability. While the Americans with Disabilities Act requires that consideration be given to the specific methods requested by the student, it does not imply that a particular accommodation must be granted if it is deemed not reasonable, or if other options are available. To this end, a limited number of rooms in Spellman and Founder’s Halls have been set aside for full-time undergraduate students who meet the qualifications.

Students wishing to apply for a medical placement must have a completed Manhattanville College Medical Housing Application submitted to the Office of Residence Life by April 1st (for the following fall semester) and by January 3rd (for the following spring semester) of each year for full consideration. Applications received once an academic semester has started will be reviewed on the last Thursday of each month.

Your Medical Housing Application must be completed by an appropriate provider dependent upon the reason(s) for your 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) and must explain, in detail, the need for placement in a single room, versus a double room with a qualified roommate.

Medical Housing Applications will be evaluated by a committee comprised of members of the College’s professional staff. Students must submit the attached ‘authorization for release of information’ form to their diagnostician which will permit the application information to be reviewed and discussed by the aforementioned committee members.

Students who have their Medical Housing Application approved, will receive a single-person dwelling, hereinafter referred to as a “medical single”, which is assigned by the Office of Residence Life. This housing assignment is non-negotiable and is not eligible to be used in a room change process. Students who opt out of their assigned medical single will forfeit their right to another medical single for that academic year.

Should College housing be at full capacity, students who have their Medical Housing Application approved will be added to a waitlist, in order of application approval, and will be assigned a medical single once a room becomes vacant.

Students who have their Medical Housing Application denied will keep their assigned shared dwelling and will need to take part in the College room selection process, as appropriate.
Please note the following information when submitting a Medical Housing Application:

The diagnostician completing this application must be an impartial individual who is not socially acquainted (e.g.: family, guardian, friend, etc.) with the student. The name, title, and applicable credentials of the qualified professional completing this application must be included on the ‘authorization for release of information’ form.

Completed applications must be submitted to the Office of Residence Life directly by the diagnostician via mail or fax. The student must leave the completed ‘authorization for release of information’ form with the diagnostician to be included with their submission.

Manhattanville College believes that shared living space is an integral part of facilitating 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 accepting the ideas and worth of students from diverse backgrounds.

With the exception of two Founder’s Hall bathrooms equipped with safety bars, all spaces designated as medical singles are the same as any other residence hall room (i.e. no specialized ventilation or other equipment, same size, etc.)

A medical placement may be assigned in a shared dwelling with other individuals who have similar medical needs.

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

Students currently in medical singles should not assume medical room eligibility for upcoming academic years.

Students granted a medical singles for the fall semester remain eligible for that single through the end of the academic year. Students granted a medical single for the spring semester, must reapply if they wish to retain their status for the subsequent academic year.

Medical Housing Application decisions will be emailed to the student at their Manhattanville College email address.

Failure to register for a full-time course load (12 or more credits) will result in the loss of housing.

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

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.

All decisions made by the review committee are final; there is no appeal of committee decisions.

Please feel free to contact the Office of Residence Life, located in Founder’s Hall G-5, at 914.323.5217 with any questions or concerns.
All of the following questions must be answered as clearly and in-depth as possible 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

1. Please document the medical or psychological circumstances that would necessitate a single-person dwelling in order to ensure student success. Your response must include the date of diagnosis and accompanying ICD-10 codes.

2. Please document the severity of these circumstances with specific examples to:
   - Academic Functioning
   - Social Functioning
   - Activities of Daily Life

3. How long has this student been your patient? Your response must include all dates seen (including this evaluation visit) and frequency of appointments.

4. Please specify any medications that the student is prescribed for their condition. Your response must include the dosage and date of prescription.

5. Please document why treatment (e.g.: medication, counseling, therapy, equipment, etc.) does/will not allow symptoms to be ameliorated to the extent that the student can live in a shared dwelling. Your response must include specific interventions that have been tried and their associated outcomes.

6. Please specify your treatment goals with this student.

7. How would living in a shared dwelling hinder one or more of the student’s major life activities?

8. What is the likelihood of student success should the student live in a shared dwelling?

9. Is there any additional information that you believe the College should know about this student before making a decision on this Medical Housing Application?
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 this form and submit it 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: _______________________________________________________________