



Manhattanville COLLEGE

Residential Accommodation Packet

Manhattanville College provides housing accommodations in accordance with the Americans with Disabilities Act of 1990, Section 504 of the Rehabilitation Act of 1978, and the Fair Housing Act to ensure equal access to programs, activities, and facilities.

The condition for which the 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.

Students wishing to apply for placement in a single-person dwelling, hereinafter referred to as a “medical single”, 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.

Students wishing to apply to have a support animal or air conditioning unit in their housing assignment must have a completed **Manhattanville College Support Animal Application** or a **Manhattanville College Air Conditioning Unit Application** submitted to the Office of Residence Life at any point throughout the academic year. Applications will be reviewed on the last Thursday of each month.

Students wishing to waive their meal plan must have a completed **Manhattanville College Meal Plan Waiver Application** submitted to the Office of Residence Life by the second Friday in August (for the following fall semester) and by the second Friday in January (for the following spring semester) of for consideration. Applications received once an academic semester has started will not be reviewed.

Your application must be completed by an appropriate provider dependent upon the request you make and 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 the accommodation as outlined in the specific application.

Residential accommodation 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 Manhattanville College Medical Housing Application approved will receive 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. Students who have their Manhattanville College Medical Housing Application denied will keep their assigned shared dwelling and will need to take part in the College room selection process, as appropriate.

Students who have their Manhattanville College Support Animal Application approved will register their animal with appropriate staff offices, discuss the animal with any applicable roommates, and move their animal into their housing assignment. Students who have their Manhattanville College Support Animal Application denied will not be permitted to have a support animal in their housing assignment and will be directed to the 'pets' section of the Student Handbook for further details and animals that are permitted in the residence halls.

Students who have their Manhattanville College Air Conditioning Unit Application approved, will be permitted to supply their own air conditioning unit of up to 6,000 BTU and no larger. The student must install the unit themselves and then schedule an appointment with a member of the College Facilities department to have the installation checked and approved for safety. Students who have their Manhattanville College Air Conditioning Unit Application denied will not be permitted to install an air conditioning unit and will be directed to the 'fire hazards & electrical safety' section of the Student Handbook for further details.

Students who have their Manhattanville College Meal Plan Waiver Application approved, will have their meal plan charges canceled and removed from their student account. Students who have their Manhattanville College Meal Plan Waiver Application denied will remain on the College meal plan and will be directed to the Office of Student Accounts to ensure proper payments have been received.

Please note the following applicable information when submitting a specific residential accommodation 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.

The learning environment and residential living are central to the college experience. It should be noted that living within the community and learning to share space and be considerate of others is part of that learning experience. Therefore, requests for special housing accommodations based on a student's preference or desire for "privacy" and "quiet space" rather than need, or for a particular type of living environment/location are considered exceptions to this policy and will not be honored. Additionally, by virtue of the shared facilities, resources, and number of people living under one roof, it is not reasonable to assume that having a single room would provide for privacy and/or a quiet, distraction-free space to any appreciable degree beyond living in a shared dwelling.

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.

Support animals are not considered 'pets' and a number of regulations are put into place if an animal is approved by the College to serve in this role. These regulations will be discussed, in detail, with the student during the animal registration process but one main point to note is that approved support animals must be contained within the assigned housing assignment at all times, except when transported outside the private residential area in an animal carrier or controlled by leash or harness. Students are encouraged to keep this in mind when determining their support animal species, size, and specific animalistic needs.

Students looking to waive their meal plan should note that Manhattanville College Meal Plan Waiver Applications are generally not approved for any of the following reasons: financial hardship, scheduling conflicts, religious reasons, vegetarian/vegan/organic diets, lactose intolerance, gluten intolerance, common food allergies, and/or food preferences.

Students with food allergies or specific requirements should contact the Director of Chartwells Dining Services before having a Meal Plan Waiver Application submitted. The College acknowledges that, in rare cases, a student may have medical or dietary requirements that cannot be accommodated by Dining Services.

Dining Services is committed to assisting students with food allergy needs and is a member of the Food Allergy & Anaphylaxis Network's (FAAN's) College Network.

Committee decisions on residential accommodation applications will be based solely on the information provided, in writing, by the diagnostician. The College will not conduct outreach to outside offices for any further information or clarification on the student's condition.

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

Students currently receiving a residential accommodation should not assume eligibility for upcoming academic years.

Residential accommodation application decisions will be emailed to the student at their Manhattanville College email address.

Submission of a residential accommodation 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.

Completed residential accommodation applications must be submitted to the following address or fax directly from the diagnostician:

**Office of Residence Life
Manhattanville College
2900 Purchase Street
Purchase, NY 10577
Fax: 914.323.5222**



Medical Housing Application

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.

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?



Support Animal Application

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.

1. Please document the medical or psychological circumstances that would necessitate a Support Animal in order to ensure student success. Your response must include the date of diagnosis and accompanying DSM-V 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? Please indicate the frequency of appointments and the last date that the patient was seen not including this evaluation visit.
4. Please document why treatment (e.g., medication, counseling, etc.) does/will not allow symptoms to be alleviated to the extent that the student can successfully live on campus without a Support Animal. Your response must include specific interventions that have been tried and their associated outcomes.
5. How would living without a Support Animal hinder one or more of the student's major life activities?
6. What is the likelihood of student success should the student live in the Residence Hall without a Support Animal?
7. Is there any additional information that you believe the college should know about before making a decision regarding a Support Animal?



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Air Conditioning Unit Application

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.

1. Please document the medical or psychological circumstances that would necessitate an air conditioning unit in order to ensure student success. Your response must include the date of diagnosis and accompanying ICD-10 codes.
2. How long has this student been your patient? Your response must include all dates seen (including this evaluation visit) and frequency of appointments.
3. Please specify any medications that the student is prescribed for their condition. Your response must include the dosage and date of prescription.



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Meal Plan Waiver Application

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.

1. Please document the medical circumstances that would necessitate waiving the College meal plan in order to ensure student success. Your response must include the date of diagnosis and accompanying ICD-10 codes.
2. Please document all medical and dietary restrictions.
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 Manhattanville College Dining Services cannot meet the student's medical or dietary needs.
6. Please specify the student's alternative plan for meals and how long this plan will be necessary for.
7. Is there any additional information that you believe the College should know about this student before making a decision on this Medical Housing Application?



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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 residential accommodation application.

I understand that I need to complete this form and submit it to my physician/licensed mental health professional in order for my residential accommodation 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: _____