Housing – Disability Verification Form

**Student Information**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CWU Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This accommodation is beginning for this year: ­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_ and beginning this quarter (circle one):

 FALL WINTER SPRING SUMMER

**Instructions for the provider:**

This form must be filled out by a qualified licensed professional. Name, signature, title, and professional credentials must be provided. Please answer the questions as thoroughly as possible. The form can be returned to Central Washington University Disability Services via fax to 509-963-2587 or via email to ds@cwu.edu.

**Provider Information**

Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License/Certification number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Evaluation of Housing Requests:** Housing assignments and the residential learning environment are integral parts of CWU programs, particularly for first year students. We evaluate all requests for need-based (disability-related) housing assignments carefully. Below is the summary of the factors we consider when evaluating housing requests. The answers to all of these questions are important in our decision-making. **Our goal is to provide access for all students to a safe and supportive living environment as participants in our established residence life program.**

**Purpose:** The above named student has requested housing accommodations for a disability at Central Washington University (CWU). Disability Services (DS) is attempting to determine whether this student has a condition or combination of conditions that constitute a disability and whether the disability causes limitations for which the student needs reasonable accommodation.

Documentation and all relevant information must be provided by the student’s physician, psychologist, rehabilitation counselor, social worker or any qualified licensed or certified professional able to assess the disability.

This questionnaire is designed to provide DS with information to evaluate an accommodation request of University Housing. The following form must be completed by the student’s physician, psychologist, rehabilitation counselor, social worker or any qualified licensed or certified professional able to assess the disability.

Documentation will assist DS in understanding how the disability impacts the student in the residence halls and the current impact of the condition as it relates to the housing request. For the purposes of this document, the legal definition of a disability includes two elements:

**DS Requirements:** The legal definition of a disability includes two elements:

1. a physical or mental impairment which
2. substantially limits one or more of the major life activities of the person in question.

Thus, disability has both diagnostic and functional elements, and BOTH elements need to be documented for effective determination.

**Please provide answers for the following questions.**

1. What is the diagnosis and severity level?

1. When was the condition first diagnosed?
2. What is the evidence supporting the diagnosis? *Please provide a copy of any test results supporting the diagnosis (i.e. Audiogram/vision report, psycho-education evaluation, etc.) or other information used to reach the diagnosis.*
3. How does the student mitigate effects of the condition in their current living situation? How would it be different from living in University Housing?
4. Please state specific recommendations for housing accommodations that this student needs and explain why these accommodations are necessary given their diagnosed condition and associated disability. If requesting a single room, please indicate whether the student can share communal living space or bathroom with others in the dormitory generally, with roommates, or suitemates. If student cannot share communal living space or bathroom, please explain why not.
5. Is there a negative health impact or life threatening impact of the disability is the request is not made?
6. Is the request an integral component of a treatment plan for the condition in question?