

Syracuse University

Office of Disability Services

Healthcare Provider Form

Request for Disability Related Housing Accommodation(s)

Student Release

Student Name: _____ Date: _____

I authorize Syracuse University's Office of Disability Services (ODS) staff to receive information from the provider listed below. I also authorize my provider to discuss my health condition/s with the appropriate University personnel to make a proper determination of necessary accommodations. My signature indicates that the statements and documentation have been completed by the appropriate healthcare provider or their designee. I understand that providing false information places me in violation of the Syracuse University Student Code of Conduct and subjects me to any applicable sanctions.

Provider Name: _____

Contact Information: _____

Student Signature: _____ Date: _____

Healthcare Provider (to be completed by the healthcare provider)

To determine eligibility for a housing or meal plan accommodation, Syracuse University requires the student to be a qualified student with a disability (i.e., have a physical or mental impairment that substantially limits one or more major life activities) and submit documentation from an appropriate licensed professional or healthcare provider. As the provider you must be familiar with the history and functional impact of the student's disability. You are not eligible to complete this form if you are related to the student. The documentation that supports the student's request should reflect your own responses to the questions on this form. My signature that I or my designee personally completed this form, that I am treating this student, and that I am not a relative of the student.

Provider Name: _____ Date: _____

Provider Signature: _____

Provider License Number: State of Licensure: _____

Provider Address: _____

City: _____ State: _____

Zip Code: _____

Diagnosis in the area(s) of [check all that apply]:

Mental Health **Physical** **Medical** **Learning**

Date last seen by your office relative to the disability in question: _____

When the disability was first diagnosed: By whom: _____

Evaluation Method(s) used: _____

Severity of current symptoms (check one): **Mild** **Moderate** **Severe**

Condition is (check one):
Stable **Prone to exacerbation** **Permanent/chronic** **Temporary**

1. Diagnostic statement: identify the disability, and the diagnostic codes of the condition (e.g. DSM-V or ICD-10).

2. Recommendations for specific accommodations related to housing (**Note:** South Campus and North Campus are roughly 1 mile from one another with accessible buses running regularly. Students are required to live on campus for 2 years):

3. Is this request medically necessary or is it recommended to enhance the comfort and convenience of the student? Please explain how the accommodation relates to the impact of the condition.

4. Please indicate the major life activities impacted by the disability and provide details of limitations and how they relate to living in the residence hall.

5. Describe all **current** and **past** interventions implemented to address these specific disability related functional impacts, including medications, evidence of a documented assessment and/or a treatment plan as well as the subsequent progress notes summarizing the effectiveness of the various interventions.

6. If this accommodation is not possible or approved, how would this impact the student?

Questions #'s 7-9 **only** pertain to requests **for an Emotional Support Animal (ESA)**. **Please skip the below if the request does not pertain to an ESA.**

7. Duration of therapeutic relationship:

8. State clearly how the ESA serves as an accommodation for the identified disability. Evidence must be shown that the ESA has been established in the individual's life and has been effective in addressing the limitations from the disability in ways that other interventions have not. Describe/provide evidence that the other means of treatment (e.g. counseling, medication, etc.) have not been adequate in managing the symptoms and that the introduction of the ESA has been successful in decreasing the symptoms.

9. Provide specific details as to why the ESA is necessary for the student to use and enjoy residential housing. Why/how would the student not be able to use and enjoy residential housing in light of their disability if the ESA were not available?

Failure to attach the supporting documentation will delay review of the student's request.

Return Form to:

Syracuse University, Office of Disability Services
804 University Ave. Syracuse, New York 13244-2330
Phone: (315) 443-4498
Fax: (315) 443-1312
Email: adahousing@syr.edu