

SIMPSON COLLEGE

Student Accessibility Services

PROFESSIONAL DOCUMENTATION FOR STUDENT REQUEST FOR HOUSING ACCOMMODATION

The following form must be returned to Simpson College by a medical provider.

More submission information can be found on page 4.

STUDENT NAME (First and Last): _____

DOB: _____

Specific Housing Accommodation Request: _____

TO THE STUDENT: By signing below, I consent to allow my health provider to share information relevant to my need for housing accommodations with Simpson College Student Accessibility Services.

STUDENT SIGNATURE (Please read above): _____

TO THE HEALTHCARE PROVIDER: This student is seeking, under the Fair Housing Act, to apply for accommodation in college housing. If you are the treating health care provider who has recommended that this accommodation to the student's residence hall will have therapeutic benefit in alleviating one or more of the identified symptoms or effects of the student's health condition, we ask that you complete this documentation form.

DOCUMENTATION confirming a condition-related need for housing accommodations

We accept documentation from appropriate health care providers licensed in the state of Iowa or the student's home state who have personal knowledge and a history of treatment of the student, consistent with their professional obligations. **Documentation must be from the student's health care provider who is not a relative of the student.**

Supporting documentation consists of information from a licensed healthcare professional, (e.g., psychiatrist, psychologist, physician, physician's assistant, nurse practitioner, nurse), general to the condition but specific as to the individual with a disability and the therapeutic support provided by the housing request. **A relationship or connection between the disability and the need for support MUST be provided.** This is particularly the case when the disability is non-observable, and/or the housing request provides support as part of the treatment plan.

____ **Provider Initials:** I am verifying that the named student information is correct, that the student is a patient whom I have been treating, and that I am not a relative of the student.

Student Name (First and Last): _____

To better evaluate the request for accommodation, please answer the following questions:

Information About the Student's Disability

Federal law defines a personal with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. This suggests that a diagnosis does not necessarily equate with a disability (substantial impairment).

The expectation is that you have an ongoing diagnostic and treatment relationship with your client/ the student. Please verify this:

1. When did you **first meet** with the student regarding this issue? _____
2. When did you **most recently** meet with the student regarding this issue? _____
3. Are you related to the student? _____yes _____no
4. Is this student disabled? _____yes _____no
(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 activity. This includes people who have a record of such an impairment.)

Please provide information regarding the identified substantial functional limitation(s) and the recommendation for housing accommodation. **Include a clear rationale or nexus between the functional limitation and the requested accommodation.**

Information about the Proposed Housing Accommodation

Please note that there are some restrictions on the kind of accommodations that can be approved for the residence halls; it is possible the student may be approved for an accommodation, based upon the information provided, but the college may not be able to implement the request immediately due to space and vacancy limitations.

1. In your professional opinion, is the accommodation named at the beginning of this document necessary for the student to: (check all that apply)
_____ use Simpson College as an educational and living institution?
_____ enjoy Simpson College as an education and living institution?
2. What aspects of the student's disability can be improved with the implementation of this accommodation?
3. Is there evidence that this type of arrangement has helped alleviate specific impacts of the student's disability in the past or currently? If so, please explain.

Student Name (First and Last): _____

Importance of Housing Accommodation to Student's Well-Being

How important is it for the student's well-being that this housing request be granted?

What consequences, in terms of disability symptomatology, may result if this accommodation is not approved?

Thank you for taking the time to complete this form. Simpson College recognizes that having an ESA in the residence halls can be a benefit for someone with a significant medical/mental health disorder, but the practical limitations of our housing arrangement make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

SIMPSON COLLEGE

Provider Name (print): _____ Credentials/License #: _____

Signature: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax/Email: _____

OFFICE STAMP (OPTIONAL)

Please submit this documentation by emailing a copy to: sas@simpson.edu

OR

Fax to: (515) 864-0437

OR

Send via mail to:

OR

Send via mail to:

Simpson College
Student Accessibility
Services
701 N C St.
Indianola, IA 50125

All documentation and records provided will be maintained confidentially as outlined in the Family Rights and Privacy Act (FERPA) of 1974. Disability information is shared only on a limited basis within the college and then only when there is compelling reason for the individual seeking the information to have knowledge of a specific aspect of this confidential information. Disability-related records are maintained separately from academic files and are excluded from free access under FERPA.

Revised 1/17/2024 MH