Housing Medical Accommodation Request Form

IMPORTANT: Please provide as much detail as possible when filling out this form. This form is your opportunity to explain your daily experience living with your medical condition and how your requested accommodations will assist your daily living. This form will be shared with the Housing Medical Accommodations Review Committee (HMARC) and we ask that you also provide a copy to your Medical Care Provider.

When reviewing your Housing Medical Accommodation Request and Medical Care Provider Verification Form, the committee follows the definitions and guidelines as laid out by the Americans with Disabilities Act (ADA) and the Fair Housing Act (FHA).

A few key definitions to be aware of, these are taken from the JOINT STATEMENT OF THE DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AND THE DEPARTMENT OF JUSTICE on REASONABLE ACCOMMODATIONS UNDER THE FAIR HOUSING ACT:

**Disability:** The Act defines a person with a disability to include (1) individuals with a physical or mental impairment that substantially limits one or more major life activities; (2) individuals who are regarded as having such an impairment; and (3) individuals with a record of such an impairment. (Disability is the legal term used to describe medical conditions that arise to the level of requiring an accommodation)

**Reasonable Accommodation:** A “reasonable accommodation” is a change, exception, or adjustment to a rule, policy, practice, or service that may be necessary for a person with a disability to have an equal opportunity to use and enjoy a dwelling, including public and common use spaces.

If you would like additional information about the ADA or FHA, please refer to the US Department of Justice website or the US Department of Housing and Urban Development website.

NOTICE: Your Housing Medical Accommodation Request will not be reviewed by the committee until we have also received the Medical Care Provider Verification Form from your Medical Care Provider. Please follow the instructions in the confirmation email you will receive after submitting this form.

DEADLINES: Returning students who are currently residing on campus must submit a Housing Accommodation Request form for Fall 2020 housing by January 31, 2020. Students seeking accommodations must also complete the Returning Student Spring 2020 Housing Application available in your MyHousing Portal between January 22 - February 19, 2020. The deadline for incoming, first-year students who will arrive on campus for Fall 2020 is May 31, 2020.

If you have questions about this form or the Housing Medical Accommodations Process, please email dclaccommodations@brandeis.edu. DO NOT EMAIL ANY MEDICAL PAPERWORK, AS IT IS NOT A SECURE SYSTEM.

Q2. Name:

Legal First Name: example
Preferred First Name: example
Last Name: example

Q4. Class Year (expected graduation):

- 2020
- 2021
- 2022
- 2023
- 2024
- 2025

Q3. Telephone:

example

Q5. Brandeis Email Address:

example

Q6. Do you currently have a housing assignment for the semester(s) you are requesting accommodations for?

- Yes
- No

Q15. Current Building Assignment for Requested Semester(s):

- 111 Charles River Apartments
- 112 Charles River Apartments
- 113 Charles River Apartments
- 114 Charles River Apartments
- Foster Mods
- Ridgewood A
- Ridgewood B
- Ridgewood C
- Ziv 127
- Ziv 128
- Ziv 129
- Pomerantz
- Hassenfeld
- Skyline
- Rosenthal North
- Rosenthal East
- Rosenthal South
- Shapiro A
- Shapiro B
- Usen
- Deroy
- Renfield
Q14. Current Suite and/or Room Number Assignment for Requested Semester(s):

200

Q19. What semester are you requesting accommodations for:

- Spring 2020
- Fall 2020 and Spring 2021
- Fall 2020 only

Q7. Nature of Medical Condition:

- Physical
- Mental Health
- Physical and Mental Health

Q9. Accommodation Need(s): Please specify the room/living conditions that you are requesting.

- Single Room
- Double Room
- Low Floor/Elevator
- High Floor
- Air Conditioning
- No Carpet
- Carpeted Room
- Minimal Walking Distance
- Kitchen Access
- Bed Shaker/Emergency Strobe Lighting
- Emotional Support Animal
- Other

Q10. Please describe what accommodations you are requesting as part of the "other" category selected above:
Q18. **What type of animal are you requesting as an ESA?**

- Cat
- Dog
- Other
- Undecided

Q21. Do you currently have the animal you plan to bring to campus? If you do not, what is your plan for getting an animal and when would you ideally like to bring the animal to campus.

Q8. **Please tell us how your medical condition(s) affect your daily living and provide as much detail as possible. If you are requesting accommodations for more than one condition, please describe the affects of each condition.**

Q11. **Please describe how the requested accommodations will aid you in your daily functioning.** Please be as detailed as possible and make sure that you individually speak to how each requested condition will aid your daily living:
Q16. By signing below, I understand and provide consent that the information included in this form and any documentation provided by a Medical Care Provider in regards to this request may be shared with appropriate Brandeis staff members who sit on the Housing Medical Accommodations Review Committee. Members of this committee may include representatives from the following offices: Department of Community Living, Student Accessibility Support, Brandeis Health Center, Brandeis Counseling Center, Facilities Services, and the Office of Equal Opportunity.

Location Data

Location: (42.356704711914, -71.252502441406)

Source: GeoIP Estimation