Q1. Housing Accommodation Student Request Form

DEADLINES: Returning students who are currently residing on campus must submit a Housing Accommodation Student Request form for the 2021-2022 academic year by March 1, 2021 for the accommodations committee to review prior to the Housing Selection Process. Students seeking accommodations must also complete the Housing Contract (dates TBD). The deadline for incoming, first-year students who will arrive on campus for Fall 2021 is June 1, 2021.

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 and we ask that you also provide a copy to your Medical Care Provider.

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
First Name: Louis
Last Name: Brandeis
Pronouns: he, him, his

Q3. Student ID # (8 digit Number, i.e. 20XXXXXX):

20123456

Q4. Class Year (expected graduation):

- 2021
- 2022
- 2023
- 2024
- 2025

Q5. Phone Number: (Please make sure this number is up to date in your SAGE account)
Q6. Brandeis Email Address:

example@brandeis.edu

Q7. Are you a student who is connected with Student Accessibility Support (SAS)? (i.e. receiving accommodations or support?)

- Yes
- No
- Unsure

Q8. Do you want Student Accessibility Support (SAS) to share your documentation with the Housing Medical Accommodation Committee as part of your application?

- Yes, I authorize SAS to share my documentation with the Housing Medical Accommodation Committee.
- No, I do not authorize SAS to share my documentation with the Housing Medical Accommodation Committee.

Q9. Do you currently have a housing assignment for the semester(s) you are requesting accommodations for?

- Yes
- No

Q10. 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
- Ziv 130
- Pomerantz
- Hassenfeld
- Skyline
- Rosenthal North
- Rosenthal East
- Rosenthal South
- Shapiro A
- Shapiro B
- Usen
- Deroy
- Renfield
- Scheffres
Q11. Current Suite and/or Room Number Assignment for Requested Semester(s):

E-007B

Q12. What semester are you requesting accommodations for?

- Spring 2021
- Fall 2021
- Academic Year 2021-2022

Q13. Nature of Medical Condition:

- Physical
- Mental Health
- Physical and Mental Health

Q14. 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.

Example

Q15. Accommodation Need(s): Please specify the room/living conditions that you are requesting.

Note: We do not take requests for specific housing assignments/buildings. Once approved for specific accommodation conditions, you will be presented with available housing options that meet those approved conditions.
Q16. *The options you see here were generated from your answers to a previous question. If one of your room/living conditions that you are requesting accommodations is not listed here, then please go back to the previous section.*

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 (textboxes may appear small on your device):

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>Response Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Room</td>
<td>Example Text</td>
</tr>
<tr>
<td>Air Conditioning</td>
<td>Example Text</td>
</tr>
<tr>
<td>No Carpet</td>
<td>Example Text</td>
</tr>
</tbody>
</table>

Q17. What type of animal are you requesting as an ESA?

*This question was not displayed to the respondent.*

Q18. 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?

*This question was not displayed to the respondent.*

Q19. By signing below, you acknowledge and agree:

1. 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: Community Living, Student Accessibility Support, Brandeis Health Center, Brandeis Counseling Center, Facilities Services, and the Office of Equal Opportunity.

2. I understand Housing Medical Accommodation Request will not be reviewed by the committee until we have also received the Medical Care Provider Verification Form from my Medical Care Provider. I understand there are instructions in a confirmation email I will receive after submitting this form I will need to follow to have a complete Medical Accommodation Housing Application.

3. I agree that university staff from the Health Center or the Brandeis Counseling Center may contact my Medical Care Provider to request additional information related to this request.
4. I understand that any information collected related to this request will be maintained as a FERPA-protected record.

Location Data

**Location:** (42.365997314453, -71.227096557617)

**Source:** GeoIP Estimation