

PROCESS INFORMATION

Penn State provides a climate of equal opportunity to all of its programs, activities, and services, and is in full compliance with the Americans with Disabilities Act (ADA) as amended in 2008 and Section 504 of the Rehabilitation Act of 1973. University housing provides accessible housing for a student with disability as defined by these laws. The student must provide documentation from a licensed, qualified professional that substantiates that the student has a physical or mental impairment that substantially limits a major life activity and that the requested accommodation is necessary to afford the student equal access. A student who requires a Service Animal or an Emotional Support Animal should complete the appropriate request form that is available at www.hfs.psu.edu/medical-accommodations.

The *Request for Reasonable Accommodation in Housing* form will be reviewed by a healthcare professional at University Health Services (UHS), Counseling and Psychological Services (CAPS), and/or Student Disability Resources (SDR), who will make the determination as to the validity of the request. **The student will be informed of the final determination by email within 1-2 weeks after the initial submission of paperwork.**

- **The student must have an accepted Housing and Food Service (HFS) Contract or be on the On-Campus Housing Waitlist before submitting a *Request for Reasonable Accommodation in Housing* form.** Otherwise, the form will be processed and the determination will be “held” until the student has an accepted HFS Contract.

- The *Request for Reasonable Accommodation in Housing* may be submitted at any time, but for HFS Contract preferences (housing area, roommate) to be considered for assignment, the following deadlines apply:

Summer Session: June 1 **Fall Semester:** June 15 **Spring Semester:** December 1

- The reasonable accommodation will supersede any preferences indicated on the HFS Contract.
- If the *Request for Reasonable Accommodation for University Housing* is received *after* room assignments are posted, the University reserves the right to reassign the student to a space that will meet the accommodation required due to a disability and may not be able to consider preferences listed on the HFS Contract.
- Reassignments will only accommodate the student requiring the medical need, and not any requested roommate(s).
- If a determination is made for assignment to a room type that is not immediately available, the student will be added to a Waitlist and will be given priority for reassignment to that room type as soon as a vacancy exists.
- ***The accommodation immediately takes effect once the determination is made, based on space available.*** Paperwork cannot be submitted for future semesters without addressing the current assignment, and a request to hold a reassignment will not be honored.
- **Room Assignment Changes**
Once a student has been assigned to a room that meets the student’s accommodation, the student may be limited in being assigned to another room. Should the student wish to move to another room where the medical need cannot be met, the student must verify, in writing to the University, that they are requesting to move to the specific room, that they understand that the accommodation cannot be met in the selected room, and that if the accommodation would be required for future semesters, the *Request for Reasonable Accommodation in Housing* will need to be resubmitted and reevaluated.
- **Accommodations for Air-Conditioning at University Park**
Rooms that offer air-conditioning have been established throughout the different housing areas on campus. A student is not automatically assigned to a ‘renovated residence hall’, as there are rooms in traditional residence halls with window AC units.
- **Room Rate Adjustments**
Students will be informed if they are eligible for a room rate adjustment, and if there are different options available that may have a different room rate associated with the room assignment.

STUDENT INFORMATION – completed by student

Student Name _____ PSU ID: _____
Penn State Access Account _____ **Campus:** _____
Home Address _____ Local Address _____

Home Phone Number _____ Local Phone Number _____

MEDICAL PROVIDER

I authorize Penn State University to **receive** information **from** the provider below. I also authorize my provider to discuss my condition(s) with the appropriate and qualified Penn State University personnel on an as-needed basis.

Provider Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____

Student Signature _____ **Date** _____

STUDENT AGREEMENT

- I understand that if I submit a request **AFTER** the indicated preference submission deadline date, that my housing preferences and roommate request may not be honored.
- My roommate preferences may not be considered.
- If my room assignment has been posted on eLiving, I will be moved to a room that will meet my medical need. It may be in a different housing option, area, and/or with a different roommate.
- If I am interested in a room change during the contracted period, I will be limited to rooms that can accommodate my medical need.
- I understand that once a determination is made, my room assignment will be updated immediately, and that the determination cannot be held for future semesters.
- I understand that my room assignment may or may not include a room rate discount, which may be based on the room assignment and my housing preferences, and I will be informed of housing options and associated rates.

Student Signature _____ **Date** _____

AUTHORIZED DESIGNEE

I authorize Penn State University to **discuss** my medical information, reasonable accommodation request for housing, and room assignment with the following person on my behalf.

Name _____ Relationship to student _____
Address _____ Phone Number _____
City _____ State _____ Zip _____

Student Signature _____ **Date** _____

HEALTHCARE PROVIDER INFORMATION – completed by healthcare provider

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

Provider Name _____ **License Number** _____

Provider Degree _____ State _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

Provider Signature _____ Date _____

Please explain your qualifications to provide a recommendation for a housing accommodation for this student:

COMPLETED FORM SUBMISSION

A *Request for Reasonable Accommodation in Housing* form **may be submitted at any time**, but for HFS Contract preferences (housing area, roommate) to be considered for assignment, the deadlines indicated below apply. Students who submit the form after the following deadlines will not have HFS Contract preferences (housing area, roommate) considered for assignment, and may encounter delays in fulfillment of the accommodation if it is determined that reassignment to a specific room type or location has limited availability.

Summer Session: June 1 **Fall Semester:** June 15 **Spring Semester:** December 1

The completed *Request for Reasonable Accommodation in Housing* should be submitted to the appropriate office, based on the student’s campus of attendance:

<p>University Park Housing Assignment Office 201 Johnston Commons University Park, PA 16802</p> <p>814-865-7501 814-863-8364 fax assignmentoffice@psu.edu</p>	<p>Commonwealth Campuses Commonwealth Campus Housing and Food Services 209 Housing and Food Services Building University Park, PA 16802</p> <p>814-865-7862 814-863-5928 fax feedbackCWChfs@psu.edu</p>
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