PROCESS INFORMATION

Penn State provides a climate of equal opportunity in all programs, activities, and services, and is in full compliance with the Americans with Disabilities Act (ADA) as amended and Section 504 of the Rehabilitation Act of 1973. University Housing provides accessible housing for a student with documented disability as defined by applicable laws. The student must provide documentation from a licensed, qualified healthcare 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 directly related to such impairment and is necessary to afford the student equal access. Presence of a diagnosis that constitutes a disability is not always sufficient for determination of approval for a housing accommodation. Medical and psychological conditions vary in symptom intensity and severity; those conditions that represent a higher symptom severity and functional impairments are prioritized. A student who requires a Service Animal or an Emotional Support Animal should complete the appropriate request form that is available at https://liveon.psu.edu/accommodation-requests.

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.

If a student does not have an accepted Housing and Food Service (HFS) Contract, they can add their name to the Waitlist in eLiving. The Request for Reasonable Accommodation in Housing form can be processed, and the determination will be “held” until the student has an accepted HFS Contract.

<table>
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<tr>
<th>Summer Session:</th>
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<th>Spring Semester:</th>
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<tr>
<td>June 1</td>
<td>June 15</td>
<td>December 1</td>
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</table>

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 meets the accommodation required as requested on the form. Preferences listed on the HFS Contract may not be considered.

Reassignments will only accommodate the student requiring the accommodation, 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 processed, based on space available. Paperwork cannot be submitted for future semesters without addressing the current room 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 reassigned to another room. Should the student wish to move to another room where the accommodation cannot be provided, the student must verify, in writing to the University, that they are requesting to move to the specific room, that they understand and accept that the accommodation cannot be provided 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.

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.

Accommodations for Air Conditioning at University Park
Rooms that offer air conditioning have been established throughout the different housing areas on campus, including rooms in traditional residence halls with window AC units. The accommodation for air conditioning does not mean that a student is necessarily assigned to a ‘renovated residence hall’.
STUDENT INFORMATION – completed by student

Student Name ___________________________ PSU ID: ________________

Penn State Access Account ___________________________ Campus: ________________

Home Address ___________________________ Local Address ___________________________

Home Phone Number ___________________________ Local Phone Number ___________________________

HEALTHCARE 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 if I submit a request AFTER the indicated preference submission deadline date, 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 may be reassigned to a room that meets my accommodation. 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 documented and verified need.

☐ I understand once a determination is made, my room assignment will be updated immediately, and the accommodation cannot be held for future semesters.

☐ I understand 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, Request for Reasonable Accommodation in Housing form, and room assignment with the following person on my behalf.

Name ___________________________ Relationship to student ___________________________

Address ___________________________ Phone Number ___________________________

City ___________________________ State ________ Zip ________

Student Signature ___________________________ Date ________________
To properly evaluate how Penn State can best meet the student’s need for reasonable accommodations in University Housing, the licensed clinical professional or healthcare provider who is familiar with the history and functional limitations of the student’s medical or psychological condition(s) should provide specific diagnostic information.

The provider completing this form cannot be the student or a relative. The provider should respond to all questions with detailed information. This should include relevant diagnoses, specific symptoms, severity/duration of symptoms, and how symptoms interfere with the student’s current housing situation or room assignment. Additional related information may be attached. Illegible forms will not be processed.

1. State the specific housing accommodation(s) that you believe this student requires in University Housing.

2. Describe how the student’s medical or psychological condition necessitates/warrants this accommodation request. Be specific with diagnoses that apply to the student, as well as specific symptoms related to diagnoses that warrant the accommodation being requested.

3. When was the last appointment the student attended with you?

4. How long have you directly treated this student for their condition(s)?

5. How long is the student’s medical or psychological condition likely to persist?
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

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:

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</table>

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

<table>
<thead>
<tr>
<th>University Park</th>
<th>Commonwealth Campuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Assignment Office</td>
<td>Commonwealth Campus Housing and Food Services</td>
</tr>
<tr>
<td>201 Johnston Commons</td>
<td>209 Housing and Food Services Building</td>
</tr>
<tr>
<td>University Park, PA 16802</td>
<td>University Park, PA 16802</td>
</tr>
<tr>
<td>814-865-7501</td>
<td>814-865-7862</td>
</tr>
<tr>
<td>814-863-8364 fax</td>
<td>814-863-5928 fax</td>
</tr>
<tr>
<td><a href="mailto:assignmentoffice@psu.edu">assignmentoffice@psu.edu</a></td>
<td><a href="mailto:feedbackCWChfs@psu.edu">feedbackCWChfs@psu.edu</a></td>
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