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. Requests for a Service Animal or an Emotional Support Animal should follow the process outlined 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.

A student may submit the Request for Reasonable Accommodation in Housing form once a student meets one of the following criteria: the student has accepted a HFS Contract; the student has Requested Housing during the LiveOn Housing Process; the student has added their name to the “On-Campus Housing” Waitlist in eLiving; or the student is eligible to receive a HFS Contract based on their admission status and campus.

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:

<table>
<thead>
<tr>
<th>Session</th>
<th>Deadline</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Session</td>
<td>June 1</td>
</tr>
<tr>
<td>Fall Semester</td>
<td>June 15</td>
</tr>
<tr>
<td>Spring Semester</td>
<td>December 1</td>
</tr>
</tbody>
</table>

The determination will supersede any preferences that a student indicates 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 approved determination. Preferences listed on the HFS Contract may not be considered.

- Room changes 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 given priority for reassignment to that room type as soon as a vacancy exists.

The accommodation takes effect immediately 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.

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. An approved 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 ___________________________________ Cell Phone Number __________________

HEALTHCARE PROVIDER

 I authorize Penn State to receive information from the provider below and authorize my provider to discuss my condition(s) with the appropriate and qualified university staff 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 housing preference modification deadline date, my housing preferences and roommate request may not be honored.

 If my room assignment has been posted on eLiving, I understand that 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 accommodation.

 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 to discuss my medical information, Request for Reasonable Accommodation in Housing form, and room assignment with the following person on my behalf, as well as any individual whom I identify for Delegate Access in LionPATH. Learn more at https://www.registrar.psu.edu/parents/.

Name ___________________________ Phone Number ___________________________

Relationship to student __________________________________________

Student Signature ___________________________ Date __________________
STUDENT HEALTHCARE SECTION – completed by healthcare provider

Student Name ________________________________ PSU ID __________________

To properly evaluate how Penn State can best meet the student’s need for a reasonable accommodation 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 - 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.

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 housing preferences to be considered for when a room assignment is processed, the following deadlines apply:

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 Housing Assignment Office, regardless of the student’s campus of attendance:

Housing Assignment Office
455 Bigler Road  814-865-7501
201 Johnston Commons, East Halls  814-863-8364 fax
University Park, PA 16802  LiveOn@psu.edu