

housing accommodations request form

Students with disabilities and other identity related requests must fill out this form to receive reasonable accommodations and/or customized housing environments while living in a UC Berkeley residence.

Instructions: Complete and sign Section One. If you are requesting accommodations due to a disability or medical condition, please give Section Two to your medical or mental health professional. They must provide a letter stating their recommendations for housing accommodations.

Materials provided will be reviewed by the Accommodations Coordinator to determine a reasonable accommodation.

Submit form and supporting documents to:
Katelyn Sadler, Housing Coordinator, Cal Housing, UCB
2610 Channing Way #2272
Berkeley, CA 94720-2272
katelynsadler@berkeley.edu

Incomplete requests will be returned, which will delay processing. Facilities staff need to be notified of any accommodation requests that require modifications to the student's bedroom at least eight weeks prior to move in.

Please note: Filling out this form does not register you for the Disabled Students' Program (DSP), which provides academic accommodations. Once admitted to the University, students seeking academic accommodations are strongly encouraged to register as early as possible with the DSP office. Visit DSP online at dsp.berkeley.edu for more information.

Section One — Student Housing Accommodations Request

(To be completed by the Student. You may attach additional sheets, if necessary)

Student Name: _____ SID: _____

Email: _____ Cell Phone: _____

Please indicate the accommodations you are requesting: _____

Please explain the reason(s) for your request: _____

For Students Requesting an Accommodation for a Disability or Medical Condition Only:

I am registered or intend to register with the Disabled Student's Program (DSP): YES NO

Optional: If you are requesting a single room as an accommodation for your disability or medically related condition, please describe the specific ways that sharing a room with another person does not address the functional limitations of your disability.

Optional (to support the University in maintaining the safety of residents): Is there any aspect of your disability/medical condition that may, under certain conditions, pose a threat to the safety or health of yourself or other residents? If so, please describe.

Optional: If additional medical information is needed from your physician or specialist, do we have permission to contact them directly? YES NO

Student Signature: _____ Date: _____

Physician Name: _____ Physician Phone: _____

OVER >

**Section 2:
Medical Professional Instructions**

Dear Medical or Mental Health Professional:

This student is asking the University of California, Berkeley for accommodations while living in university housing. By providing a full and complete response, you will help to expedite the processing of this student's accommodation request, and reduce the need to return to you for additional information.

Please submit this completed form accompanied by a letter on official letterhead from your office.

Handwritten notes and/or notes written on prescription pads will not be reviewed and labeled incomplete. Incomplete requests will be returned and processing will be delayed.

Please include the following in your letter:

- 1) Describe your specialty, and how long the student has been in your care
- 2) Verify that the student has a qualifying disability that impacts a major life activity, and share how the disability may impact the student while in university housing
- 3) Fill out the accommodation checklist on this form, selecting the accommodations you believe the student needs. In the letter explain in detail how each accommodation you have recommended will address the functional limitations of the student's disability
- 4) Your signature and licensure information

Submit the letter and this form via fax, email, or postage to:

Cal Housing
Attention: Katelyn Sadler
University of California, Berkeley
2610 Channing Way #2272
Berkeley, CA 94720-2272
Fax: (510) 642-4026
Email: katelynsadler@berkeley.edu

This information will be kept private and will be used only for providing ADA accommodations

Accommodation Checklist:
(to be completed by medical or mental health professional)

Below are some of the accommodations offered. Please select those you believe this student needs. Please explain how each accommodation addresses the functional limitations of the student's disability in your letter.

Student Name: _____

Licensed Professional Name: _____

Licensed Professional Signature: _____

Select	Recommended Accommodation(s)
	Automatic Door Opener, Needed for:
<input type="checkbox"/>	____ Personal Room Door ____ Suite Door ____ Bathroom Door
<input type="checkbox"/>	ADA Compliant Bathroom- Roll in Shower
<input type="checkbox"/>	ADA Compliant Bathroom- Shower Bench
<input type="checkbox"/>	Semi-private bathroom
<input type="checkbox"/>	Modified window openers
<input type="checkbox"/>	Lower closet shelves & peephole
<input type="checkbox"/>	Height Adjustable Desk
<input type="checkbox"/>	Strobe light smoke detector or fire alarm
<input type="checkbox"/>	Visual Doorbell
<input type="checkbox"/>	Ability to rent more than 1 MicroChill refrigerator
<input type="checkbox"/>	Access to a kitchen
<input type="checkbox"/>	Room with additional space for medical equipment
<input type="checkbox"/>	Private Room
<input type="checkbox"/>	Room with fewer roommates
<input type="checkbox"/>	Placement with a requested roommate
<input type="checkbox"/>	Ground floor room or room on a lower floor
<input type="checkbox"/>	Location close to Tang Medical Center
<input type="checkbox"/>	Location close to campus
<input type="checkbox"/>	Room removed from traffic noise & other exterior distractions
<input type="checkbox"/>	Room with less allergens
<input type="checkbox"/>	Room without carpet (limited- only for severe respiratory concerns)
<input type="checkbox"/>	Bring their own mattress (remove uni mattress/ other furniture)
<input type="checkbox"/>	Replace XL Twin Mattress (80") with XXL Twin Mattress (84")
<input type="checkbox"/>	Service or Emotional Support Animal
<input type="checkbox"/>	Substance Free Environment
<input type="checkbox"/>	Other