2017-2018

LIVE BERKELEY

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 Co | ondition 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 you scribe the specific ways that sharing a room with another person does no | | | |
| | | | |
| Optional (to support the University in maintaining the safety of residents that may, under certain conditions, pose a threat to the safety or health o | | | |
| Optional: If additional medical information is needed from your physican or specialist, do we have permission to contact them directly? | YES | NO | |
| Student Signature: | Date: | | |
| Physician Name: | Physician Phone: | | |



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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.

| tudent Name: | |
|---------------------------------|--|
| icensed Professional Name: | |
| icensed Professional Signature: | |

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

