

housing accommodations request form

Resident Instructions:

Complete and sign any relevant parts of Section One. If you are requesting accommodations due to a disability or medical condition, it will expedite your request if you give Section Two to your medical or mental health professional. They may provide a letter verifying a disability and their recommendations for accommodations.

Students in need of a reasonable accommodation or assistance in completing the housing application may contact the Accommodations Coordinator at 510-642-4108 to schedule an appointment or discuss needs over the phone. Requests can be made orally. Students with disabilities are encouraged to fill out this form to receive reasonable accommodations and/or customized housing environments while living in a UC Berkeley residence.

Requests received after the deadline below will be considered on a space-available basis after those received by the deadline.

- Continuing Students- February 28
- Freshmen- May 12
- Transfer Students- June 12
- Global Edge and Spring Students- October 20

Incomplete requests may be returned, which could delay processing. Facilities staff generally need to be notified of any accommodation requests that require modifications at least eight weeks prior to move in.

Submit form and supporting documents to:
Liliana Q. Paul, Housing Disability Specialist
2610 Channing Way #2272
Berkeley, CA 94720-2272
housingaccommodations@berkeley.edu

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: _____

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: _____



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 follow the instructions on the left-hand side of this page to write a letter explaining these suggestions.

Select	Recommended Accommodation(s)
	Automatic Door Opener
	ADA Compliant Bathroom- Roll in Shower
	ADA Compliant Bathroom- Shower Bench
	Semi-private bathroom
	Modified window openers
	Lower closet shelves & peephole
	Height Adjustable Desk for Wheelchair Users
	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 (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
	Internet/network connectivity for disability-related devices*
Other	

Section 2:
Medical Professional Instructions

Dear Medical or Mental Health Professional:

This student or resident is asking the University of California, Berkeley for accommodations related to the Americans with Disabilities Act (ADA) 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.

To expedite this student's request, please submit a letter on official letterhead by the deadline below.

- Continuing Student- February 28
- Freshmen- May 12
- Transfer Student- June 12
- Global Edge or Spring Student- October 20

Illegible notes will be returned and processing will be delayed.

Please include the following in your letter, if relevant:

- 1) The Student/Resident's Name and their Student Identification Number, if possible
- 2) Describe your specialty, and how long the student has been in your care
- 3) Verify that the student has a qualifying disability that impacts one or more major life activities. You need not state any specific diagnosis.
- 4) Share information about the functional limitations of the student/resident's disability, and how these functional limitations may impact the student while in university housing
- 5) Explain the housing accommodations you believe the student needs.
- 6) Explain in detail how each accommodation you have recommended will address the functional limitations of the student's disability, clearly explaining the connection between the accommodation and the functional limitations of the student's disability.
- 7) Your signature and licensure information

Please submit the letter via fax, email, or postage to:

Cal Housing
Attention: Liliana Q. Paul
University of California, Berkeley
2610 Channing Way #2272
Berkeley, CA 94720-2272
(f) (510) 642-4026
(e) housingaccommodations@berkeley.edu

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

*All internet/network requests will be forwarded to Student Affairs Information Technology Services for their review.