

DAEMEN COLLEGE

OFFICE OF RESIDENCE LIFE APPLICATION FOR HOUSING AND MEAL PLAN ACCOMMODATIONS

First-Year students requesting a housing or meal plan accommodation must complete this application in its entirety and return it to the Director of Housing and Residence Life by May 31, 2020. Upper classmen must submit this form to the Housing and Residence Life Office by March 16, 2020. Additionally, documentation from a health care professional using the Additional Documentation Form is required. Students must first complete the top portion of the referral form and then forward it to his/her provider. Upon receipt of the *Additional Documentation form*, the Accommodations Committee will convene to discuss the application and approve necessary accommodations. If additional information is needed, the student will be contacted. Notification of approval or denial will be sent to the student's Daemen e-mail account.

To Be Completed By Student:

Student Name: _____ **Student Cell Phone:** _____

Student E-Mail Address: _____@daemen.edu **Student ID#:** _____

Student Date of Birth: ____ / ____ / ____

Rising Class Standing (circle): **First Year** **Sophomore** **Junior** **Senior** **Graduate Student**

Treating Provider(s): _____

Provider's Phone: _____

I certify the information contained within this application is accurate. The information will be kept confidential; however, members of the Accommodations Committee will review amongst each other and consult with other professionals as necessary. I understand for full consideration my application must be submitted in full by May 31, 2020 prior to my enrollment at Daemen College. Upperclassmen must submit completed forms by March 16, 2020 to be considered eligible for Housing and Meal Plan Accommodations for Fall 2020. Requests for Meal Plan exemptions must be received by the end of the Fall Semester's Add/Drop unless significant health changes.

Student Signature: _____ **Date:** _____

(Turn Over)

Office of Housing and Residence Life Use Only

Date Received: _____

Date Reviewed: _____

Overall Committee: Approved Denied

Date Completed: _____

Initials: _____ Tracked eRezLife Emailed

Please check mark ALL boxes that relate to your Accommodation Application:

- Housing Accommodation Meal Plan Exemption Assistance/Emotional Support Animal
 Other: _____

What is the nature of your needs? (Please be as specific as possible and relate them to your Housing and Meal Plan Accommodations)

Specifically, what type of Accommodations are you requesting?

Office of Housing and Residence Life Use Only

Committee Member 1: Approved Denied Signature: _____

Committee Member 2: Approved Denied Signature: _____

Committee Member 3: Approved Denied Signature: _____

Committee Member 4: Approved Denied Signature: _____

Overall Committee: Approved Denied

Reason(s) for Denial and/or Additional Steps Requested:



OFFICE OF RESIDENCE LIFE
APPLICATION FOR HOUSING AND MEAL PLAN ACCOMODATION

As I am requesting a Housing or Meal Plan Accommodation disability related reasons, I grant permission for Daemen College Health Services and my provider(s) to release any information related to my accommodation needs to:

Office of Housing and Residence Life
Daemen College
4380 Main Street
Amherst, NY 14226

The information will be kept confidential; however, members of the Accommodations Committee will review amongst each other and consult with other professionals as necessary.

Student Printed Name: _____ Date: _____

Student Signature: _____

Treating Provider (s): _____

Provider's Phone: _____

TO: Health Care Professional

FROM: Accommodations Committee

The above named student has indicated that you can provide supporting documentation and clarification of his/her needs regarding disability related housing and meal plan accommodations on Daemen College's Campus. Currently, all first-years are housed in double or triple rooms and use a shared bathroom with 4 other students. Furthermore, all residential students are required to have the College meal plan. The information you provide will be reviewed by the Accommodation Committee to determine and approve necessary accommodations. Please be as detailed as possible. Thank you for your assistance with this matter.

Submit all forms by mail, fax or email:

Office of Housing and Residence Life
Daemen College
4380 Main Street
Amherst, NY 14226
Tel: 716.839.8228
Fax: 716.333.0288
Email: Dweaver2@daemen.edu

For full consideration first-year applications must be received by May 31, 20120 prior to enrollment at Daemen College
Upperclassmen forms must be received by March 16, 2020.

Health Care Professional Signature: _____ **Date:** _____

What is the diagnosis of the condition for which this student is requesting accommodation?

Please state the rationale for the student's disability related accommodations request: (including prognosis ie: temporary v. permanent)

How long has this patient been in your care? _____

Please describe current treatment, therapies, interventions, medications Daemen College should be aware of:

In your professional opinion, what Accommodations should be considered as they relate to this student's condition?
