



**REQUEST FOR RESIDENTIAL/DIETARY ACCOMMODATION**

The student named below has applied for a residential accommodation at The College of Idaho. In order to determine the student's eligibility for reasonable and appropriate accommodations, please provide current and comprehensive information attesting to the student's disability and document the functional impact of the disability. The information you provide will be kept confidential in the student's file in the Department of Accessibility and Learning Excellence

Please take into consideration when completing this form:

1. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting may delay the eligibility review process by necessitating follow up contact for clarification. You will be contacted to provide your license number if you do not include it.
2. Healthcare provider should always attach any reports which provide additional related information. If a comprehensive diagnosis report is available that provides the requested information, copies of that report can be submitted for documentation as well. Assessments should be included when they were used to determine disability (i.e. learning disability or food allergy assessment results).

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

C of I ID #: \_\_\_\_\_ Cell Number: (\_\_\_\_\_) \_\_\_\_\_

Email(s): \_\_\_\_\_

**Please respond to the following items regarding the above named student:**

Time period requested for housing exception: \_\_\_\_\_ (START) to \_\_\_\_\_ (FINISH)

1. Is this student currently under your care? Yes \_\_\_\_\_ No \_\_\_\_\_

2. When did you last see this student? \_\_\_\_\_

3. What is the diagnosis/medical condition? Please use DSM diagnostic tools for psychiatric disabilities. Please include severity or other specifiers. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

a. Date of Diagnosis \_\_\_\_\_

4. How long is this condition likely to persist? \_\_\_\_\_

5. Describe the symptoms related to the student's conditions which substantially limit one or more major life activities, and list the functional implications to said major life activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. What has the student already tried to mitigate the impact of symptoms before arranging accommodations?

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7. If the student is currently undergoing medical treatment, please describe and indicate how this treatment might impact their living environment (i.e. medical devices, refrigeration, etc.)

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8. Please state specific recommendations to be considered by the College regarding housing and a rationale as to why these housing needs are necessary based on the student's disability. Also, please identify and explain if there are any housing environments that might lead to an exacerbation of the condition/impairment (i.e. room temperature, room location, etc.)

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9. Please provide specific housing accommodation recommendations with justification as to why these accommodations would be appropriate for the student.

a. Accommodation: \_\_\_\_\_

Justification: \_\_\_\_\_

Necessary \_\_\_\_\_ Beneficial but not necessary \_\_\_\_\_

b. Accommodation: \_\_\_\_\_

Justification: \_\_\_\_\_

Necessary \_\_\_\_\_ Beneficial but not necessary \_\_\_\_\_

Provider Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

License #: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Provider: \_\_\_\_\_

*Please Note: The provider completing this form cannot be a relative of the student*

**Please return form and direct any questions to:**

**Email: [Accessibility@collegeofidaho.edu](mailto:Accessibility@collegeofidaho.edu)**

**Fax: 208-459-5108**