



Residential Living Accommodation Request Form

Part 1 (To be completed by the resident):

The University of Wisconsin-Stevens Point ("UWSP" or the "University") recognizes the importance of providing reasonable accommodations in its housing policies and practices where necessary for students with disabilities to use and enjoy University housing. A reasonable accommodation is an exception to the usual rules or policies that a resident with a disability may need to have equal opportunity to use and enjoy University housing.

Note: Students seeking classroom/exam accommodations and other academic adjustments should contact the Disability and Assistive Technology Center (DATC) about qualification procedures and documentation requirements. Service animal registration and Emotional Support Animal (ESA) requests should be directed to the DATC. Exemptions from the requirement to purchase a meal plan should be directed to Dining and Summer Conferences (715-346-3434, dining@uwsp.edu)

Name: _____ UWSP ID#: _____

When will you need housing accommodations to begin (indicate date/term): _____

**Requests received less than sixty (60) days before move-in could result in delay of the accommodation if the accommodation requires hall/room placement or similar coordination.*

I, hereby, authorize my care provider identified below to provide this form and all information and documents requested herein to Residential Living at the following address:

UWSP Residential Living
601 Division St.
Stevens Point, WI 54481
P: 715-346-3511
F: 715-346-4459
housing@uwsp.edu

Signature of Resident _____ Date: _____

Your request will be reviewed by the Residential Living Accommodations Committee, which consists of the staff from Counseling Services, Health Services, Disability & Assistive Technology, and a Residential Living representative.

Residential Living will contact you via your UWSP email account with the committee's recommendation regarding your request and will coordinate any approved accommodations with you:

Part 2 (To be completed by the care provider):

If you are a care provider for the above-named UWSP resident, please provide the follow information about yourself.

Name of Professional: _____

Title: _____

Clinic/Agency Address: _____

Telephone: _____

Professional's Licensing Body: _____

If not a general practitioner, please provide your areas of professional expertise: _____

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Part 3 (To be completed by the care provider):

Please separately identify any conditions for which the above-named student needs an accommodation and identify by letter the requested accommodations for that condition.

- | | |
|--------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A. Single Occupancy Room | I. Hearing-impaired emergency alarms |
| B. Air-conditioned room | J. Attendant care access |
| C. Elevator-equipped hall | K. Quiet floor/wing—does NOT need care provider letter as outlined in Part 4 of this form. |
| D. First Floor Room | L. If another accommodation is needed, please attach an additional document describing the desired accommodation and identify each accommodation by letter beginning with “M.” |
| E. Accessible restroom/shower | |
| F. Wheelchair accessible ramp to hall | |
| G. Room in close proximity to a restroom and/or kitchen | |
| H. Handicap accessible room (door frame and room space are larger) | |

If there are more than four (4) conditions, please attach an additional document numbering the conditions separately, beginning with #5. Identify by letter each requested accommodation for each numbered condition.

Condition #1: _____

Letters of requested accommodation(s) for Condition #1: _____

Condition #2: _____

Letters of requested accommodation(s) for Condition #2: _____

Condition #3: _____

Letters of requested accommodation(s) for Condition #3: _____

Condition #4: _____

Letters of requested accommodation(s) for Condition #4: _____

Part 4 (To be completed by the care provider):

For each condition listed above, please provide a statement on your office letterhead providing the following information.

- Identify the care provider who made the underlying diagnosis for that condition and when that diagnosis was made.
- Identify the major life activities, including those identified by [42 U.S.C. § 12102\(2\)](#) as quoted below, that are limited by that condition.

“[M]ajor life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working... [A] major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.”

- Describe how the identified accommodation will address the identified limitations of (a) major life activit(y/ies).
- Identify any other factors in the residence hall environment that could influence the frequency or severity of the symptoms/limitations experienced.