

Housing Accommodation Recommendations

This form should be completed and signed by Medical or Health Care Provider. Please type your answers directly into this form. The completed and signed form can be sent directly to Disability Resources for Students (DRS) by fax to 901-678-3070 or email to drs@memphis.edu, or it can be given to the student to submit to DRS.

We recognize that some residence hall accommodations can be a real benefit for someone with a significant mental health disorder or medical condition, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of these requests on both the student and the campus community. With that in mind, please answer the following questions as thoroughly as possible.

Student Information

Name: _____ Date of Birth: _____

Information About the Student's Disability

(A person with a disability is defined as someone who has "a physical or mental impairment that substantially limits one or more major life activities.")

1. What is the diagnosed condition(s)?

2. What are the substantial limitations caused by this student's condition?

3. Describe students' treatment plan and frequency of healthcare visits.

4. How long have you been working with the student regarding this mental health/medical diagnosis?

Information About the Requested Accommodation

1. Please describe the recommended living environment modifications/accommodations that this student will need for equal access in the residence halls.

2. Please describe how these modifications are logically linked to the severity and symptoms of the student's condition.

Recommendation for a Single Room

If you are recommending a single room, please choose ONLY ONE of the following:

A single room will be a benefit and promote student success because it will allow for a quiet space to study.

Because of the unpredictable nature of the student’s condition, I cannot say if the consequences of not getting a single room will be manageable or not. It would be best to provide a single just in case there is an issue.

This student will not be able to function in the residence halls if a single room is not provided.

1. What consequences, in terms of disability symptomology, may result if a single room is not approved?

Recommendation for an Emotional Support Animal (ESA)

1. Is this an animal that you specifically prescribed as part of treatment for the student, or is it a pet that you believe will have a beneficial effect for the student while living on campus? _____

2. What specific symptoms will be reduced by having the ESA?

3. Is there evidence that this ESA has helped this student in the past or currently?

4. Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Healthcare Professional Contact information

Name (Please Print): _____

Professional Signature: _____

License #: _____

Date: _____

Address: _____

Telephone: _____

Email Address: _____