



HOBART AND WILLIAM SMITH
COLLEGES

HOUSING REASONABLE ACCOMMODATION REQUEST POLICY AND FORM

I. Scope & Purpose

Hobart and William Smith Colleges (“HWS”) is a 4-year residential campus. HWS believes that students have much to gain from the experiences inherent in on-campus living. All students are required to reside on campus unless express permission is provided for a student to live off-campus. HWS is an inclusive environment and prides itself on being able to provide reasonable accommodations to students with disabilities. HWS recognizes that students with disabilities may require a specific type of housing or modifications to existing housing in order to fully participate in the residential component of the HWS experience. For these students, HWS provides housing accommodations in accordance with this policy, as well as federal, state, and local laws.

For purpose of this policy and in accordance with applicable law, a student is deemed to have a disability if the student has a physical or mental impairment that substantially limits one or more major life activities.

This policy does not govern Service Animals or Assistance Animals. For information regarding Service Animals and Assistance Animals, see the Policy for Student Use of Animals on Campus.

Please contact the Office of Disability Services (“Disability Services”) at ctl@hws.edu or 315-781-3351 with any questions about this policy or if you need a reasonable accommodation in order to comply with this policy or complete the attached Request for Housing Accommodation Form.

II. Requesting an Accommodation

It is up to each individual student whether or not they want to identify themselves as having a disability, however, students who want HWS to provide a housing accommodation *must* do so. If a student’s disability or the need for a particular accommodation is not obvious, the student is responsible for providing documentation supporting the existence of the disability and the need for accommodation in accordance with this policy. Students seeking a housing accommodation should complete a Request for Housing Accommodation Form and have their treating healthcare provider complete the part of the Request for Housing Accommodation Form designated for healthcare providers. Information provided must evidence



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that the student has a disability and/or a disability-related need for an accommodation.

Prior to each semester, a submission request and review period is designated for housing accommodation eligibility determinations and housing assignments. Students should begin to gather necessary materials and documentation needed to comply with this policy as soon as the need for an accommodation becomes known. All requests for accommodations should be submitted to the Office of Disability Services by the following deadlines:

- Requests for housing accommodations for the fall semester must be submitted by February 15.
- Requests for housing accommodations for the spring semester must be submitted by November 15.
- Requests for housing accommodations for Incoming First Year and Transfer students for the fall semester must be submitted by July 15.

For students who have a need for a housing accommodation that arises for the first time after the relevant deadline has passed, requests will be reviewed on a rolling basis. HWS will strive to meet late applicants' needs as soon as reasonably possible.

NOTE: Students must re-apply for a housing accommodation each year. For example, if a student applies for a housing accommodation for the fall semester on February 15, the student will not need to re-apply for a housing accommodation until the following February 15. If the student's accommodation request has not changed, the renewal process is typically a brief confirmation of continued need.

III. Supportive Documentation

Students seeking housing accommodations are required to provide appropriate medical documentation from the student's treating physician, psychiatrist, mental health professional, or other health care provider confirming that the student has a disability and/or the student's disability-related need for an accommodation. The health care provider should have an established relationship with the student. The student and the student's healthcare provider should complete the Request for Housing Accommodation Form at the end of this policy.



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If the documentation provided by the student or the student's health care provider is insufficient, the Office of Disability Services ("Disability Services") will inform the student in writing of the insufficiencies and may request additional information.

IV. Accommodation Determinations

Housing accommodations are determined on a case-by-case basis, according to documented need and prevailing standards for reasonable accommodations. A Housing Accommodation Committee comprised of staff from the Office of Disability Services and Residential Education, and other consultants will review a student's request for accommodation and any associated documentation in order to determine an appropriate and reasonable housing assignment for the student.

While HWS will engage in an interactive process with the student in order to determine an appropriate accommodation, final responsibility for the selection of the most appropriate accommodation lays with HWS. Students will be notified (in writing) by the Housing Accommodation Committee regarding whether the Committee has denied the student's request, granted the student's request, or is offering another reasonable accommodation.

V. Confidential Handling of Disability Records

All information submitted to HWS related to the diagnosis, documentation, or accommodation of a disability is considered confidential and will not become part of any student record. Individuals on the Housing Accommodation Committee, as well as staff members in Residential Education, will have access to all disability-related records. Access to disability records may be granted to other authorized HWS officials in the event of emergency or unusual circumstances.

VI. Non-Discrimination and Appealing Accommodation Determinations

Students who believe they have been subjected to discriminatory actions on the basis of disability or who wish to appeal the decision of the Housing Accommodation Committee may seek a remedy by filing a complaint in accordance with HWS's Section 504/Disability Grievance Procedure in the Community Standards.



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REQUEST FOR HOUSING ACCOMMODATION FORM

PART I (Part I is to be completed by the student seeking a housing accommodation).

Name: _____

Date: _____

Phone: _____

Student ID: _____

Student Status: Incoming First Year Student
 Transfer Student Class Year _____
 Returning Student Class Year _____

1. What type of housing accommodation(s) are you seeking (examples include but are not limited to wheelchair accessible room, semi-private bathroom, private bathroom, roll in showers with chair and/or bench, accessible bathroom with grab bars, flashing alarm)?

2. Do you have a physical and/or mental disability that substantially limits one or more major life activities that would be encountered in a college residential living environment (e.g. self-care, sleeping, eating, performing manual tasks, walking, or the operation of major bodily functions)? If so, identify the disability(s) and the major life activity(s) that are substantially limited by your physical and/or mental disability.



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3. Identify the disability-related need for the housing accommodation(s) requested in response to Question 1 and explain how the housing accommodation(s) requested in response to Question 1 will alleviate or reduce the symptoms or effects of your disability.

4. Other than the housing accommodation(s) requested in response to Question 1, are there any other accommodations that could be provided to you in lieu of the housing accommodation(s) requested in response to Question 1 that would have an equal or greater impact on alleviating or reducing the symptoms or effects of your disability?



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PART II (Part II is to be completed by the student's treating healthcare provider).

Provider Name: _____

Provider Degree: _____
License
Number/State: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Student Name: _____

1. Please describe your relationship to the student (i.e., job title; length of time treating the student; whether you are related to the student).

2. Have you examined the student in person?

Yes

No



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3. How long have you known the student and on what date did you last examine the student in person?

4. Does the student have a physical and/or mental disability that substantially limits one or more major life activities that would be encountered in a college residential living environment (e.g. self-care, sleeping, eating, performing manual tasks, walking, or the operation of major bodily functions)? If so, identify the disability(s) and the major life activity(s) that are substantially limited by the student's physical and/or mental disability.

5. What type of housing accommodation does the student need (examples include but are not limited to wheelchair accessible room, semi-private bathroom, private bathroom, roll in showers with chair and/or bench, accessible bathroom with grab bars, flashing alarm)? In responding to this question, please identify how the requested accommodation alleviates or reduces the symptoms or effects of the student's existing disability.



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6. Other than the accommodation identified in response to Question 5, are there any other accommodations that could be provided to the student in lieu of the accommodation identified in response to Question 5 that will have an equal or greater impact on alleviating or reducing the symptoms or effects of the student's existing disability?

By my signature below, I certify that statements I have made on this form are true and correct and that the student is a patient that I have been treating.

Signature: _____

Date: _____



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CERTIFICATION AND CONSENT TO RELEASE INFORMATION

I certify that the statements made on this form are true and correct and that I have read the Housing Reasonable Accommodation Request Policy. I grant Hobart & William Smith Colleges ("HWS") permission to review all documentation provided along with this form and to share the documentation with the Housing Accommodation Committee, staff members in Residential Education, and other authorized HWS officials in order to assess whether I have a disability and/or my need for an accommodation. I further grant permission to any healthcare provider submitting documentation on my behalf in support of my request for a housing accommodation to speak with a representative of HWS about my request for a housing accommodation.

**Student
Name:**

Signature:

Date:

**IN ORDER FOR YOUR ACCOMMODATION REQUEST TO BE CONSIDERED, THIS
FORM MUST BE SUBMITTED TO THE OFFICE OF DISABILITY SERVICES**