

Housing & Dining Requests - Medical Accommodations

The housing and residential learning environment and the dining experiences on campus are integral parts of Chatham University programs. Staff and faculty are committed to providing access to these programs for all students. Some students at Chatham University may have medical, psychological, or disability concerns that present challenges in accessing the full benefit of the educational experience on campus. Chatham University has created a process for students seeking accommodations that will help provide them access. This process is separate from the academic accommodation request procedure.

To receive housing/dining that accommodates a student's disability or medical situation, Chatham University requires that students submit appropriate medical documentation that confirms a disability or specific medical condition via the Disability Verification Form completed by a licensed or qualified professional. The following information is an outline of factors that Chatham University will consider when determining if the student's request for housing/dining accommodations is reasonable due to a disability or medical issue. Some examples of accommodations include: single-resident room, private bathroom, strobe light fire alarm, air conditioner, or modified meal plan. An interview may be requested if the committee does not feel that the supporting documentation is a thorough enough description of the disability and accommodation request. All medical information will be kept confidential and will only be shared with other parties on campus on a need to know basis.

Severity of the Disability

- Is the impact of the disability life threatening if the request is not met?
- Is there a negative health impact that may be permanent if the request is not met?
- Is the request a vital component of a treatment plan for the condition?
- What is the impact on the student's level of comfort if the request is not met?
- Does the disability necessitate that the student lives in an on-campus residence hall?

Practicality, Availability, and Timing

- Does the available/requested accommodation meet the student's needs?
- Are there other effective methods/housing configurations that would achieve similar benefits as the requested accommodation?
- Does the requested accommodation create a safety hazard (i.e. electrical overload, blockage of emergency exit, etc.)?
- Was the request made prior to the designated deadline?

DISCLAIMER: All requests for dining accommodations require a meeting with the General Manager of Parkhurst Dining prior to consideration by the full Medical Accommodations Committee. We recommend completing this meeting before you complete the Disability Verification Form.

Note: *Parkhurst Dining can meet any accommodation other than airborne food allergies.*

Requests for a need-based housing or dining accommodations must include supporting, professional medical documentation via the Disability Verification Form. The committee will make a recommendation based on the documentation received. The following procedure is in place for students who are requesting medical accommodations:

1. The student will need to submit a cover letter to the Office of Residence - Student Affairs (Attn: Assistant Director of Residence Life) detailing their medical request. The cover letter must be accompanied with the completed Disability Verification Form completed by a medical physician or qualified professional. **Note: We will not accept documentation from a member of the student's family, regardless of their professional status.**
 - a. Please contact the Assistant Director of Residence Life if you would like to request a copy of the cover letter format expectations.
 - b. The physician/professional should complete the form and detail the following:
 - i. Specific medical/psychological diagnosis of the disability
 - ii. Description of how the diagnosis was confirmed
 - iii. Explanation of how disability affects daily life activity
 - iv. Actions currently being done to treat disability
 - v. Specific recommendations for accommodations**Please note that hand written documentation on a prescription pad does not meet these criteria.**
2. The Housing & Dining Medical Accommodations Committee will determine whether or not a student's medical/psychological condition warrants the need for a medical single or other housing and/or dining accommodations. The Housing & Dining Medical Accommodations Committee includes the Assistant Dean of Students, Director of Disability Support Services & PACE Center, Director of Student Health & Wellness, Director of Facilities, General Manager - Parkhurst Dining, and Assistant Director of Residence Life.
3. The Committee Chair will contact the student via email to notify them regarding the decision.
4. If the student's request is denied, an additional cover letter may be written for further review.

PLEASE NOTE: *Need-based housing & dining must be requested and approved annually.*

PRIORITY DEADLINE FOR RETURNING STUDENTS: Friday, March 8, 2019 at 5 p.m.

PRIORITY DEADLINE FOR NEW STUDENTS: Friday, May 3, 2019 at 5 p.m.

***Please note: If students are having issues receiving professional documentation please, contact Devin Fabian, Assistant Director of Residence Life, at DFabian@Chatham.edu.**



Office of Residence Life
Attn: Devin Fabian, Assistant Director
Woodland Road, Pittsburgh, PA 15232
412-365-1224 (ph) / 412-365-1620 (f)

HOUSING & DINING DISABILITY VERIFICATION FORM

To be used to submit housing/dining accommodation requests. Must be completed by treating physician/qualified professional.

SECTION I: To be filled out by student:

Name: _____ Student ID# _____ Date: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Briefly describe the functional limitations of the disability, effect of medications, etc., on ability to meet housing/dining requirements: _____

I authorize the release of the information requested on this disability verification form to the Office of Residence Life & PACE Center at Chatham University.

Student Signature: _____ Date: _____

SECTION II: To be filled out by medical professional:

Name of certifying professional: _____

Title: _____ Certification or License#: _____

Phone Number: _____ Fax: _____

Address: _____

Describe your professional credentials: _____

SECTION III: To be filled out by medical professional:

Provide a diagnosis or diagnoses: _____

Is the above mentioned student currently under your care for the condition?

YES NO

Please describe the functional limitations resulting from the impact of the disability/diagnoses listed above:

Recommendation(s) of accommodation(s) and how those accommodations will benefit the student in their housing environment:

Name of certifying professional (please print) _____

I verify that the above information is complete and accurate to the best of my knowledge.

Signature of physician or qualified professional

Date