



DISABILITY-BASED ACCESSIBLE HOUSING APPLICATION

This form is completed by the student

Students with documented disabilities may request **necessary** accessible alternate housing arrangements for each academic year. Requests must include the following:

- 1) A letter from the student outlining the reason for the request.** You must write a letter on page 2 of this document, explaining your need for accessible alternate housing. You must be able to explain why the request is necessary and why you will not be able to live in and enjoy the experience of student life in a residence hall without the requested accommodation.
- 2) Your treating Physician, diagnostician, or a qualified clinician, that has treated you for your disability must document the reason that you detailed in your letter of request by completing the attached SUNY New Paltz **Disability-Based Accessible Housing Verification Form**, was included in the email or webpage that included this application. A **qualified clinician** is defined as (including, but not limited to) a Licensed primary physician, psychologist, psychiatrist, social worker, mental health counselor, etc., who has provided treatment for the disability. The Clinician must have an established Doctor/Patient relationship of one year with the student to establish a history and need for the accommodation.**
- 3) By providing the Disability-Based Accessible Housing Verification Form to a qualified diagnostician/clinician(s), the student is granting permission for a member of the Accessible Housing Committee at SUNY New Paltz to contact and consult with that professional regarding the student's need for the accommodation.**
- 4) Complete requests will be reviewed by the Accessible Housing Committee.** The review process may take two to six weeks.
- 5) Please Note:** You may be required to apply each academic year and submit updated documentation.

I have read and understand the required procedure as outlined above in items 1-5 above. Please type in all fields below except for the signature. Print and sign the document with a pen or use a digital signature. Please type "DK" if you do not know your ID number or campus address.

Student's Name	<input type="text"/>	ID #	<input type="text"/>
Student's New Paltz Email Address	<input type="text"/>		
Student's On Campus Address	<input type="text"/>	Cell	<input type="text"/>
Student's Signature	<input type="text"/>	Date	<input type="text"/>

Student Letter of Request/Need for Disability-Based Accessible Housing

Dear Members of the Accessible Housing Committee,

My disability is/are,

and it/they impact(s) my ability to function in a traditional residence hall room assignment in the following ways:

The accommodation(s) that I am requesting is/are:

If you currently or have previously lived in a residence hall, please describe the challenges and barriers you faced:

Student Signature

Date

You will be notified via email (New Paltz account) of the Accessible Housing Committee's decision