Alternate Housing Requests

A student with a disability can submit a request for alternate housing arrangements. (Wheelchair accessible rooms, audible alarms, etc.)

Requests must include the following:

1. A letter from the student outlining the reason for the request. The student must write a letter explaining their need for alternate housing. You must be able to explain 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 Doctor, diagnostician or qualified clinician, must document the reason that you detailed in your letter of request by completing the attached SUNY New Paltz Housing Accommodation Request Form.
   A qualified clinician is defined as (including, but not limited to) a primary physician, psychologist, psychiatrist, social worker, primary care physician, etc., who has provided treatment for the condition. The Clinician completing this document must have an established Doctor/Patient relationship with the student in order to establish a history and need for the accommodation.

By providing the Housing Accommodation Verification materials to a qualified diagnostician/clinician(s), the student is granting permission for a member of the Housing Accommodation Committee at SUNY New Paltz to contact and consult with that professional regarding the student’s need for the accommodation.

All requests will be submitted to Residence Life no later than July 1st for the fall semester and Dec. 1st for the spring semester. Complete requests will be reviewed by the Housing Review Committee. The review process may take two to six weeks. Requests received after the deadlines may be put on a wait list if space to meet the request is no longer available.

In general, a diagnosis of ADHD, learning disability, or anxiety/depression (in and of themselves) is not sufficient grounds for obtaining an alternate housing arrangement.

Student will be notified via email (Hawkmail address) of the Housing Review Committee's decision.
Housing Accommodation Verification

To ensure the provision of reasonable and appropriate services for students with disabilities at SUNY New Paltz, documentation must be provided by a qualified professional, with experience and expertise in the area for which accommodations are being requested. The diagnostician must be an impartial individual who is not a family member of the student. Documentation must be current and provide comprehensive information regarding the student’s disability.

By providing the Housing Accommodation Verification materials to a qualified diagnostician/clinician(s), the student is granting permission for a member of the Housing Accommodation Committee at SUNY New Paltz to contact and consult with that professional regarding the student’s need for the accommodation.

All requests will be reviewed on a case-by-case basis. Documentation of a special need or disability does not guarantee that an application will be approved. Assignments are made only if spaces are available.

This request is being made for: FALL 20_______ SPRING 20 _______

Assignment to a specific residence area cannot be guaranteed. Learning disabilities, attention deficit disorder and most psychological disorders generally do not warrant special housing. All requests will be reviewed by the Disability Resource Center, Health Services, the Psychological Counseling Center, Residence Life, and any SUNY New Paltz College office that might be helpful in the decision making process. It should be noted that medical requests are for an individual, not a group of students.

Please Note: Students may need to reapply each academic year and submit updated supporting documentation as necessary.

Please complete the following form for __________________________, who has requested disability-related housing accommodations. (Please print clearly or type the student’s name.)

Disability Diagnosis: __________________________________________________________________________

Date of Diagnosis(es): ______________________________

Date of your last contact with the student: ____________

The number of total visits you have had with this student ______________________

What instruments/procedures were used to diagnose the disability: ____________________________
_____________________________________________________________________________________

_____________________________________________________________________________________
_____________________________________________________________________________________
Please describe the presenting symptoms and functional limitations of this disorder/diagnosis and the barriers that prevent the student from being able to live in the residence hall without accommodations:

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<tr>
<th>DISABILITY</th>
<th>FUNCTIONAL LIMITATION/BARRIER</th>
<th>HOUSING ACCOMMODATION REQUESTED</th>
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Please explain why the student will not be able to use and enjoy the residence hall without this accommodation and give details regarding the connection between the diagnosis/symptoms and the need for an alternative housing assignment.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

The anticipated duration of the disability and associated symptoms:

__________ 6 months          ___________ one year          ____________ ongoing

CERTIFICATION

Signature: ____________________________________
Date:  ______________________
Print Name, Credentials Title: _________________________________________________________
License #: ______________________
Agency Name: __________________________
Street: __________________________
City: __________ State: __________ Zip Code: __________
Phone: _______________________________ Email: ________________________________

Return this form to:      Please attach your business card here:
SUNY New Paltz
Disability Resource Center
HAB 205
1 Hawk Drive
New Paltz, NY 12561
(845) 257-3020
(845)257-3952 (Fax)

IF FAXED, ORIGINAL FORM MUST ALSO BE MAILED TO THE ABOVE ADDRESS