PROCESS INFORMATION

Penn State provides a climate of equal opportunity to all of its programs, activities, and services, and is in full compliance with the Americans with Disabilities Act (ADA) as amended in 2008 and Section 504 of the Rehabilitation Act of 1973. University housing provides accessible housing for a student with disability as defined by these laws. The student must provide documentation from a licensed, qualified professional that substantiates that the student has a physical or mental impairment that substantially limits a major life activity and that the requested accommodation is necessary to afford the student equal access. A student who requires a Service Animal or an Emotional Support Animal should complete the appropriate request form that is available at www.hfs.psu.edu/medical-accommodations.

The Request for Reasonable Accommodation in Housing form will be reviewed by a healthcare professional at University Health Services (UHS), Counseling and Psychological Services (CAPS), and/or Student Disability Resources (SDR), who will make the determination as to the validity of the request. The student will be informed of the final determination by email within 1-2 weeks after the initial submission of paperwork.

• The student must have an accepted Housing and Food Service (HFS) Contract or be on the On-Campus Housing Waitlist before submitting a Request for Reasonable Accommodation in Housing form. Otherwise, the form will be processed and the determination will be “held” until the student has an accepted HFS Contract.

• The Request for Reasonable Accommodation in Housing may be submitted at any time, but for HFS Contract preferences (housing area, roommate) to be considered for assignment, the following deadlines apply:

| Summer Session: | June 1 | Fall Semester: | June 15 | Spring Semester: | December 1 |

• The reasonable accommodation will supersede any preferences indicated on the HFS Contract.
• If the Request for Reasonable Accommodation for University Housing is received after room assignments are posted, the University reserves the right to reassign the student to a space that will meet the accommodation required due to a disability and may not be able to consider preferences listed on the HFS Contract.
• Reassignments will only accommodate the student requiring the medical need, and not any requested roommate(s).
• If a determination is made for assignment to a room type that is not immediately available, the student will be added to a Waitlist and will be given priority for reassignment to that room type as soon as a vacancy exists.

• The accommodation immediately takes effect once the determination is made, based on space available. Paperwork cannot be submitted for future semesters without addressing the current assignment, and a request to hold a reassignment will not be honored.

• Room Assignment Changes
Once a student has been assigned to a room that meets the student’s accommodation, the student may be limited in being assigned to another room. Should the student wish to move to another room where the medical need cannot be met, the student must verify, in writing to the University, that they are requesting to move to the specific room, that they understand that the accommodation cannot be met in the selected room, and that if the accommodation would be required for future semesters, the Request for Reasonable Accommodation in Housing will need to be resubmitted and reevaluated.

• Accommodations for Air-Conditioning at University Park
Rooms that offer air-conditioning have been established throughout the different housing areas on campus. A student is not automatically assigned to a ‘renovated residence hall’, as there are rooms in traditional residence halls with window AC units.

• Room Rate Adjustments
Students will be informed if they are eligible for a room rate adjustment, and if there are different options available that may have a different room rate associated with the room assignment.
STUDENT INFORMATION – completed by student

Student Name ____________________________ PSU ID: _______________
Penn State Access Account ____________________________ Campus: _______________
Home Address ____________________________ Local Address ____________________________

Home Phone Number ____________________________ Local Phone Number ____________________________

MEDICAL PROVIDER
☐ I authorize Penn State University to receive information from the provider below. I also authorize my provider to discuss my condition(s) with the appropriate and qualified Penn State University personnel on an as-needed basis.

Provider Name ____________________________
Address ____________________________
City ____________________________ State _________ Zip _________
Phone Number ____________________________

Student Signature ____________________________ Date _______________

STUDENT AGREEMENT
☐ I understand that if I submit a request AFTER the indicated preference submission deadline date, that my housing preferences and roommate request may not be honored.
☐ My roommate preferences may not be considered.
☐ If my room assignment has been posted on eLiving, I will be moved to a room that will meet my medical need. It may be in a different housing option, area, and/or with a different roommate.
☐ If I am interested in a room change during the contracted period, I will be limited to rooms that can accommodate my medical need.
☐ I understand that once a determination is made, my room assignment will be updated immediately, and that the determination cannot be held for future semesters.
☐ I understand that my room assignment may or may not include a room rate discount, which may be based on the room assignment and my housing preferences, and I will be informed of housing options and associated rates.

Student Signature ____________________________ Date _______________

AUTHORIZED DESIGNEE
☐ I authorize Penn State University to discuss my medical information, reasonable accommodation request for housing, and room assignment with the following person on my behalf.

Name ____________________________ Relationship to student _______________
Address ____________________________ Phone Number ____________________________
City ____________________________ State _________ Zip _________

Student Signature ____________________________ Date _______________
To properly evaluate how Penn State can best meet the student’s need for reasonable accommodations in University housing, the licensed clinical professional or healthcare provider that is familiar with the history and functional limitations of the student’s physical or psychological condition(s) should provide specific diagnostic information.

The provider completing this form cannot be a relative or the student. The provider should respond to all questions with detailed information. Additional related information may be attached. Illegible forms will not be processed.

1. State the specific housing accommodation(s) that you believe this student requires:

2. Describe how the student’s medical or psychological condition necessitates/warrants this accommodation request:

3. When was the last attended appointment with you?  

4. How long have you directly treated this student for his/her condition(s)?  

5. How long is the student’s medical or psychological condition likely to persist?
HEALTHCARE PROVIDER INFORMATION – completed by healthcare provider

☐ I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that I am not a relative of the student.

Provider Name ________________________________ License Number ________________________________

Provider Degree ________________________________ State ________________________________

Address ______________________________________

City ________________________________ State ____________ Zip ________________________________

Phone Number ________________________________

Provider Signature ________________________________ Date ________________________________

Please explain your qualifications to provide a recommendation for a housing accommodation for this student:


COMPLETED FORM SUBMISSION

A Request for Reasonable Accommodation in Housing form may be submitted at any time, but for HFS Contract preferences (housing area, roommate) to be considered for assignment, the deadlines indicated below apply. Students who submit the form after the following deadlines will not have HFS Contract preferences (housing area, roommate) considered for assignment, and may encounter delays in fulfillment of the accommodation if it is determined that reassignment to a specific room type or location has limited availability.

Summer Session:  June 1  Fall Semester:  June 15  Spring Semester:  December 1

The completed Request for Reasonable Accommodation in Housing should be submitted to the appropriate office, based on the student’s campus of attendance:

<table>
<thead>
<tr>
<th>University Park</th>
<th>Commonwealth Campuses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing Assignment Office</td>
<td>Commonwealth Campus Housing and Food Services</td>
</tr>
<tr>
<td>201 Johnston Commons</td>
<td>209 Housing and Food Services Building</td>
</tr>
<tr>
<td>University Park, PA 16802</td>
<td>University Park, PA 16802</td>
</tr>
<tr>
<td>814-865-7501</td>
<td>814-865-7862</td>
</tr>
<tr>
<td>814-863-8364 fax</td>
<td>814-863-5928 fax</td>
</tr>
<tr>
<td><a href="mailto:assignmentoffice@psu.edu">assignmentoffice@psu.edu</a></td>
<td><a href="mailto:feedbackCWChfs@psu.edu">feedbackCWChfs@psu.edu</a></td>
</tr>
</tbody>
</table>