

## Housing/Dining Accommodation Request Form

*To be completed by a treatment provider. This form is offered as a guide.*

*DRS will review all formats of documentation submitted.*

### Information for Treatment Provider:

- For **Housing accommodation requests**, complete Part I and Part II of this form.
- For **Dining accommodation requests**, complete Part I, Part II, and Part III of this form.
- DRS will accept documentation from a treatment provider who has personal knowledge of the student, consistent with their professional obligations. So that we may better evaluate the request for this accommodation, please complete this form in its entirety and add additional, related information, as appropriate.
- The information completed on this form will be reviewed to determine:
  1. That the student is a person with a documented disability;
  2. That the requested accommodation is necessary to afford the student an equal opportunity to use and enjoy the on-campus housing and/or dining facilities; and
  3. That there is an identifiable relationship between the disability and the requested accommodation.
- Return the completed Housing/Dining Accommodation Request Form or alternate documentation to the student or directly to Disability Resources and Services (contact information on final page).

### Part I:

#### Student Information:

Student Name:

Date of Birth:

#### Treatment Provider Who Completed This Form:

Name (Please Print):

Type of License:

License Number:

Contact Information (Phone and/or email):

Signature:

Date:

## Part II:

Accommodations are only available to students identified as having a disability. **A disability is defined under the Americans with Disabilities Act as “a physical or mental impairment that substantially limits one or more major life activities.”**

1. Based on this definition, does the individual have a disability? ☐ No ☐ Yes

2. Date of original diagnosis:

3. Date of most recent evaluation:

4. Is this student currently under your care? ☐ No ☐ Yes

5. Please describe the student's impairment(s) and explain how these impairments substantially limits the student's ability to perform one or more major life activity.

6. Please state the specific recommendations for reasonable Housing and/or Dining accommodations.

7. Please explain how the recommended accommodation (s) is necessary for the student to use and enjoy University housing and/or dining facilities.

8. Is the accommodation request an integral component of a treatment plan for the condition?

☐ No ☐ Yes

9. If you answered “Yes” to #8, please explain:

### Part III:

This student is seeking dining accommodations due to a disability. Students seeking dining accommodations must have a diagnosis that makes these dietary modifications medically necessary. Accommodations will not be made regarding personal food preferences.

#### Food Allergies:

1. Student is allergic to: (Please check all that apply.)

☐ Dairy

☐ Eggs

☐ Fish

☐ Peanuts

☐ Shellfish

☐ Soy

☐ Tree Nuts

☐ Wheat/Gluten

☐ Other, please specify:

2. Is the impact of the disability life-threatening if the accommodation request is not met?

☐ No

☐ Yes

3. Is there a negative health impact that may be permanent if the accommodation request is not met?

☐ No

☐ Yes

4. If there is another medical condition that requires dietary accommodations, please specify details here:

#### Diet Prescription:

1. Please provide a list of food items that must be omitted from your patient's diet and a list of safe and appropriate substitutions.

2. Length of time dietary accommodations will be required:

☐ Ongoing

☐ Temporary Start Date:

Temporary End Date:



**Submit completed documentation either directly to your patient or to DRS office.**

Disability Resources and Services | 140 William Pitt Union | Pittsburgh, Pennsylvania 15260

Email: drsrecep@pitt.edu | Phone: 412-648-7890 | Fax: 412-624-3346